

(INDIVIDUAL)

(Individuals complete Page 1 only & Businesses complete Page 2 only)

**INSTRUCTIONS:** Please provide all information (**typed or clearly printed**) as requested in the spaces provided. The IRS requires that you provide information which will allow us to complete 1099 reporting. Your payments may be subject to **backup withholding** if you fail to provide a correct Taxpayer Identification Number and tax reporting address. **Only supplier may complete this form.**

Individual Name: \_\_\_\_\_  
 (First) (Middle) (Last)

SSN or TIN: \_\_\_\_\_ Are you an International person? Yes \_\_\_ No \_\_\_  
 If yes, are services provided in US? Yes \_\_\_ Visa Type \_\_\_\_\_ No \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Conflict of Interest Statement:**

The Board of Regents and the Iowa Code policies govern business transactions involving conflict of interest situations and relationships between employees and suppliers. The University of Northern Iowa has established procedures in accordance with the Board of Regents and Iowa Code policies on conflict of interest. Please see <https://obo.uni.edu/conflict-interest> for the full policy.

1. Are you or your partner or dependent minor child employed by a Regents Institution (UNI, ISU, or U of Iowa)? Yes \_\_\_ No \_\_\_
2. Does any Officer, Director, Owner, or Partner in your Company have a financial relationship with a Regents Institution Employee? Yes \_\_\_ No \_\_\_

If **yes** to any of the above, please report name and institution here: \_\_\_\_\_

**W-9 Certification of Supplier Information**

**REQUIRED OF ALL SUPPLIERS**

W-9 Certification: Under penalty of perjury, I certify that the taxpayer ID number shown on this form is correct. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a US citizen or US person. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment. For IRS W-9 instructions, see [www.irs.gov](http://www.irs.gov).

**Authorized Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DIRECT DEPOSIT (ACH) AUTHORIZATION**

AGREEMENT: I hereby authorize and request the University of Northern Iowa to initiate credit entries and, if necessary a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by: a) written authorization to the University, b) my death or legal incapacity, c) the financial institution, or d) the University.

Name of your Financial Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

**Bank Account Number** \_\_\_\_\_ Checking \_\_\_ or Savings \_\_\_

Payment notification e-mail: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

THIS FORM MUST BE SIGNED AND DATED BY PAYEE OR REPRESENTATIVE. Signature signifies acceptance of Agreement above.  
 PLEASE RETURN COMPLETED FORM WITH A VOIDED CHECK TO ADDRESS AT BOTTOM OF FORM.

**DIRECT COMPLETED FORMS OR QUESTIONS TO:**

Office of Business Operations Phone: (319) 273-2162  
 Supplier Entry Team Fax: (319) 273-3009  
 103 Gilchrist Hall  
 Cedar Falls, IA 50614-0008

## (BUSINESS)

(Individuals complete Page 1 only &amp; Businesses complete Page 2 only)

**INSTRUCTIONS:** Please provide all information (**typed or clearly printed**) as requested in the spaces provided. The IRS requires that you provide information which will allow us to complete 1099 reporting. Your payments may be subject to **backup withholding** if you fail to provide a correct Taxpayer Identification Number and tax reporting address. **Only supplier may complete this form.**

Company or Business Name: \_\_\_\_\_

dba, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Type of Organization:** Corporation \_\_\_\_\_ S Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Single-member LLC \_\_\_\_\_ Other \_\_\_\_\_

LLC \_\_\_\_\_ Tax classification – Corporation, S Corporation, Partnership \_\_\_\_\_  
(If LLC, must complete tax classification)

**Federal ID # (FEIN):** \_\_\_\_\_ **Certified Targeted Small Business in Iowa** Yes \_\_\_\_\_ No \_\_\_\_\_

**Payment Terms:** \_\_\_\_\_  
(UNI standard is net 30 for businesses, immediate for sole proprietors)

**Conflict of Interest Statement:**

The Board of Regents and the Iowa Code policies govern business transactions involving conflict of interest situations and relationships between employees and suppliers. The University of Northern Iowa has established procedures in accordance with the Board of Regents and Iowa Code policies on conflict of interest. Please see <https://obo.uni.edu/conflict-interest> for the full policy.

1. Are you or your partner or dependent minor child employed by a Regents Institution (UNI, ISU, or U of Iowa)? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does any Officer, Director, Owner, or Partner in your Company have a financial relationship with a Regents Institution Employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes** to any of the above, please report name and institution here: \_\_\_\_\_

**W-9 Certification of Supplier Information****REQUIRED OF ALL SUPPLIERS**

W-9 Certification: Under penalty of perjury, I certify that the taxpayer ID number shown on this form is correct. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a US citizen or US person. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment. For IRS W-9 instructions, see [www.irs.gov](http://www.irs.gov).

**Authorized Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DIRECT DEPOSIT (ACH) AUTHORIZATION**

AGREEMENT: I hereby authorize and request the University of Northern Iowa to initiate credit entries and, if necessary a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by: a) written authorization to the University, b) my death or legal incapacity, c) the financial institution, or d) the University.

Name of your Financial Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

**Bank Account Number** \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Payment notification e-mail: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

THIS FORM MUST BE SIGNED AND DATED BY PAYEE OR REPRESENTATIVE. Signature signifies acceptance of Agreement above.  
PLEASE RETURN COMPLETED FORM WITH A VOIDED CHECK TO ADDRESS AT BOTTOM OF FORM.