## Grand Rapids Public Museum and Foundaton Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

## INSTRUCTIONS

All entities that do business with the Grand Rapids Public Museum and its Foundation need to provide a Tax Identification Number (TIN) and Electronic Funds Transfer (EFT) information for payment. The Grand Rapids Public Museum and its Foundation protects your privacy and mandates that the information never be published or used for any other purpose than to pay you. Please complete all sections below, sign and return via the email listed

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RETURN FOR	M TO: acco	untspayable@	grmuseum.org						
SECTION I	GRA	ND RAPIDS	S PUBLIC MUSEU	J <b>M AND F</b> (	OUNDATION	INFO	<b>)RMATI</b>	ON	
DDRESS 272 PEARL NW GRAND RAPIDS, MI 49504							TELEPHONE NUMBER (040) 000 4744		
GENCY IDENTIFIER 20-5071420 Museum 38-2837266 Foun									
SECTION II NAME AS SHOWN OF	N YOUR INCOME TA		<u>'EE/COMPANY II</u>	BUSINESS NAME/DISREGARDED ENTITY NAME OR DBA, IF DIFFERENT THAN NAME ON YOUR INCOME TAX RETURN					
ADDRESS/CITY/STATE/ZIP				Enter the correct Tax Identification Number type  SOCIAL SECURITY NUMBER (SSN)  EMPLOYER TAX ID NUMBER (EIN)					
CONTACT PERSON NAME				PURCHASE ORDER ADDRESS/CITY/STATE/ZIP					
EMAIL				PO EMAIL					
TELEPHONE NUMBE	ER	FAX NUMBER		TELEPHONE NU	MBER		FAX NUMBE	ER	
REMIT TO ADDRESS	3						1		
CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION (required) Individual/Sole Proprietor or C Corporation Single Member LLC  Limited Liability Company. Check the tax classification: C corporation Note. For asingle-member LLC that is disregarded, check the appropriate box for the to the company. Check the tax classification: Federal State  Other				Partnership Trust/Estate  6 corporation Partnership  c classification of the single-member owner.  Local			Exemptions (codes apply only to certain entities, not individuals):  Exempt payee code (if any)  Exemption from FATCA reporting code (if any)  (Applies to accounts maintained outside the U.S.)		
SECTION I	II	FINA	ANCIAL INSTIT	<b>FUTION I</b>	NFORMAT	ION			
BANK NAME					TELEPHON	NE NUMB	ER		
NINE-DIGIT ROUTING	TRANSIT NUMBE	R			l				
DEPOSITOR ACCOUN	NT TITLE								
DEPOSITOR ACCOU	NT NUMBER								
TYPE OF ACCOUNT		CHECKING	SAVINGS						
SECTION I	$\overline{V}$		ECONOMIC IN	IFORMA'	ΓΙΟΝ				
Type of Business		Business-No Socio-Econ				inority	Sm-Disadv (	Only SmMin Only	
Other Preference Pro		ounty Based	Women-Owned Business						
/eteran Owned Statu		et-Owned)	No, not owned by vet(s)						
Size of Business:	(A) 50 or less (M) 1 million or less	(B) 51-100 s (N) 1.1 - 2 millio		D) 251-500 R) 3.1 - 5 million	(E) 501-750 (S) 5.1 - 10 million	(F) 751	-1,000 - 17 million	(G) Over 1,000 (Z) Over 17 million	
an arran-						(1) 10.1	17 IIIIIIOII	(E) 0101 17 IIIIII0II	
SECTION V	CI	ERTIFICAT	ION OF DATA BY	Y PAYEE/C TITLE/PC					
				1111111	,				
SIGNATURE		DAT	TE			TELE			

## Instructions for Completing Grand Rapids Public Museum and Foundation Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

**Section I - Agency Information** – Includes the name and address, agency identifiers, and telephone number for the museum.

**Section II - Payee/Company Information** – Print or type the name of the payee/company and address that will receive payment, social security or taxpayer ID number, contact person name, telephone number and email of the payee/company. Print or type the purchase order and remit to addresses if different from the payee/company address. Check the appropriate boxes for federal tax classification.

**Section III - Financial Institution Information** – Print or type the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Check the appropriate box for type of account. Payee/Company may include a voided check with this form.

## ACH Account Information Located on a Check or Deposit Ticket

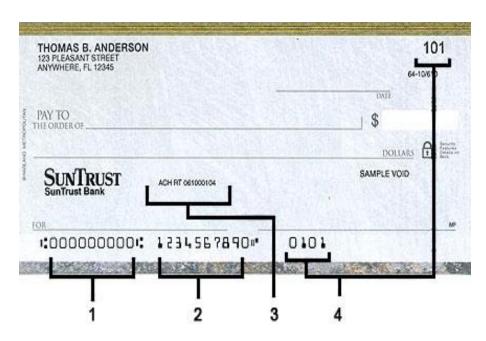
FINANCIAL INSTITUTION NAME name of the financial institution to which the payments are to be directed

ROUTING TRANSIT NUMBER (RTN) financial institution's 9 digit routing transit number;

found on the bottom of a check or deposit ticket or from your Financial Institution

ACCOUNT TITLE employee's or vendor's name on the account

ACCOUNT NUMBER account number at the financial institution



- Routing Transit Number (RTN)

   nine digits located between
   two symbols. This number
   identifies the bank holding your
   account and check processing
   center.
- Account number this is your complete account number. Your account number can be up to 17 digits. Please include leading zeros.
- ACH Routing Transit Number Automated Clearing House routing number, use this number for your Routing Transit Number (RTN) if you bank with SunTrust Bank.
- Check number This information is not necessary do not provide

**Section IV - Socio-Economic Information** – Check the boxes for each category, if applicable: type of business, women-owned business, other preference programs, Veteran owned status and size of business.

**Section V - Certification of Data By Payee/Company** – Print or type the name, title/position and phone number of the Authorized official. The Authorized official must sign and date the form.