

# Grand Rapids Public Museum and Foundation

## 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

**RETURN FORM TO:** [accounts payable@grmuseum.org](mailto:accounts payable@grmuseum.org)

### SECTION I GRAND RAPIDS PUBLIC MUSEUM AND FOUNDATION INFORMATION

ADDRESS 272 PEARL NW GRAND RAPIDS, MI 49504  
 AGENCY IDENTIFIER 20-5071420 Museum 38-2837266 Foundation TELEPHONE NUMBER (616) 929-1711

### SECTION II PAYEE/COMPANY INFORMATION

NAME AS SHOWN ON YOUR INCOME TAX RETURN		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) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>	
CONTACT PERSON NAME		PURCHASE ORDER ADDRESS/CITY/STATE/ZIP	
EMAIL		PO EMAIL	
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX NUMBER
REMIT TO ADDRESS			
<p>CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION (required)</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Individual/Sole Proprietor or Single Member LLC</p> <p><b>Limited Liability Company.</b> Check the tax classification: C corporation S corporation Partnership</p> <p>Note. For <i>single-member LLC</i> that is disregarded, check the appropriate box for the tax classification of the single-member owner.</p> <p><b>Government Entity.</b> Check the tax classification: Federal State Local</p> <p>Other _____</p> </div> <div> <p>Partnership</p> <p>Trust/Estate</p> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Exemptions</b> (codes apply only to certain entities, not individuals):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the U.S.)</i></p> </div>			

### SECTION III FINANCIAL INSTITUTION INFORMATION

BANK NAME	TELEPHONE NUMBER
NINE-DIGIT ROUTING TRANSIT NUMBER _____	
DEPOSITOR ACCOUNT TITLE	
DEPOSITOR ACCOUNT NUMBER	
TYPE OF ACCOUNT CHECKING SAVINGS	

### SECTION IV SOCIO-ECONOMIC INFORMATION

Type of Business	Large Business-No Socio-Economic Designations	Minority	SmBusiness	Sm-Disadv/Minority	Sm-Disadv Only	SmMin Only	
Other Preference Programs	Kent County Based	Women-Owned Business					
Veteran Owned Status	Yes (Vet-Owned)	No, not owned by vet(s)					
Size of Business:	(A) 50 or less	(B) 51-100	(C) 101-250	(D) 251-500	(E) 501-750	(F) 751-1,000	(G) Over 1,000
	(M) 1 million or less	(N) 1.1 - 2 million	(P) 2.1 - 3 million	(R) 3.1 - 5 million	(S) 5.1 - 10 million	(T) 10.1 - 17 million	(Z) Over 17 million

### SECTION V CERTIFICATION OF DATA BY PAYEE/COMPANY

NAME	TITLE/POSITION	
SIGNATURE	DATE	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***

<u>FINANCIAL INSTITUTION NAME</u>	name of the financial institution to which the payments are to be directed
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<u>ROUTING TRANSIT NUMBER (RTN)</u>	financial institution's 9 digit routing transit number; <i>found on the bottom of a check or deposit ticket or from your Financial Institution</i>
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<u>ACCOUNT TITLE</u>	employee's or vendor's name on the account
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<u>ACCOUNT NUMBER</u>	account number at the financial institution
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THOMAS B. ANDERSON  
123 PLEASANT STREET  
ANYWHERE, FL 12345

101  
06-10-00

PAY TO  
THE ORDER OF

\$

DOLLARS

SUNTRUST  
SunTrust Bank

ACH RT 061000104

SAMPLE VOID

FOR

⑆000000000⑆ 1234567890⑆ 0101

1 2 3 4

1. Routing Transit Number (RTN) – nine digits located between two symbols. This number identifies the bank holding your account and check processing center.
2. Account number – this is your complete account number. Your account number can be up to 17 digits. Please include leading zeros.
3. ACH Routing Transit Number – Automated Clearing House routing number, use this number for your Routing Transit Number (RTN) if you bank with ***SunTrust Bank***.
4. 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.