# Wyoming Vendor Management Form

Please return this form to the State Agency with whom you conduct business and remit invoices for payment.

- New Enrollment
- Vendor Name/Address Change
- Financial Institution Information Change
- Primary Contact Change
- Re-Activation
- Add Subsidiary Remittance Address
- Discontinue Vendor

## Part 1: Vendor Name & Address

- **Claimant/Participant Name:**
- **EIN/SSN:**
- **Primary Address:**
- **Claimant/Participant Address:**
- **City:**
- **State:**
- **ZIP Code:**

## Part 2: Financial Institution Information

### New Financial Institution Information

- **Type of Account:**
  - Savings
  - Checking
- **Name of Financial Institution:**
- **Routing Number/ABA number:**
- **Account Number:**

### Previous Financial Institution Information

- **Type of Account:**
  - Savings
  - Checking
- **Name of Financial Institution:**
- **Routing Number/ABA number:**
- **Account Number:**

- **Discontinuation of Electronic Funds Transfer (EFT)** (If selected please complete previous financial institution information section)

## Part 3: Vendor Contact Information

- **Claimant/Participant Name:**
- **Title:**
- **Email Address:**
- **Phone Number:**
- **Extension:**

## Part 4: Vendor Certification and Signature

I certify that I am the primary vendor contact for the State of Wyoming and I will submit all change requests.

- **Authorized Vendor Contact Signature:**
- **Date:**

For State Agency Use Only

- **Vendor Number:**
- **Agency Name:**
- **Agency Number:**
- **Agency Address:**
- **Contact Name:**
- **Title:**
- **SA Number:**
- **Phone Number:**

*Required Field

**ATTACH ORIGINAL VOIED IMPRINTED CHECK HERE**

If you do not attach an original, imprinted voided check, you must provide a letter from your Financial Institution on original Financial Institution letterhead providing all required Financial Institution information.

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Choose an option from the top 4 boxes and complete the corresponding Parts. Form must be legible and all fields with * must be completed or the form will be rejected. If providing banking information you must include a pre-printed, voided check, (no temporary checks will be accepted) or a letter from your Bank on their letterhead.

**Part 1: Vendor Name & Address**
- **Legal Business Name**: Claimant/Participant’s Legal Name (REQUIRED)
- **EIN/SSN**: Claimant/Participant’s SSN (REQUIRED)
- **Primary Address**: Claimant/Participant’s Address (REQUIRED)
- **City**: Claimant/Participant’s City (REQUIRED)
- **State**: Claimant/Participant’s State (REQUIRED)
- **Zip Code**: Claimant/Participant’s Zip Code (REQUIRED)
- **Remittance Address**: Claimant/Participant’s remittance Address.

**Part 2: Financial Institution Information.**
Claimant/Participant must complete it they would like to set up EFT or currently have EFT and would like banking information changed.

New Financial Institution Information
- **Type of Account**: Choose Checking or Saving (REQUIRED)
- **Name of Financial Institution**: Claimant/Participant’s Bank Name (REQUIRED)
- **Routing Number/ABA Number**: Claimant/Participant’s Bank Routing Number (REQUIRED)
- **Account Number/ABA Number**: Claimant/Participant’s Bank Account Number (REQUIRED)

Previous Financial Institution Information - This must be completed if a Claimant/Participant is currently or has ever received EFT payments form the State of Wyoming. If the Claimant/Participant has a question please contact your Analyst for assistance.
- **Type of Account**: Choose what type of account you have Checking or Saving
- **Name of Financial Institution**: Claimant/Participant’s Previous Bank Name (REQUIRED)
- **Routing Number/ABA Number**: Claimant/Participant’s Previous Bank Routing Number (REQUIRED)
- **Account Number/ABA Number**: Claimant/Participant’s Previous Bank Account Number (REQUIRED)

Discontinuation of EFT – Mark box if you are receiving EFT payments and would like to stop receiving EFT payments.

**Part 3: Vendor Contact Information**
- **Vendor Contact Name**: Claimant/Participant’s Name (REQUIRED)
- **Position Title**: Claimant/Participant’s must fill in SELF. (REQUIRED)
- **Email Address**: Claimant/Participant’s Email Address. If the claimant doesn’t have an email address they must fill in NONE (REQUIRED)
- **Phone Number**: Claimant/Participant’s Phone Number (REQUIRED)

**Part 4: Vendor Certification and Signature**
- **Authorized Vendor Contact Signature**: Claimant/Participant’s Signature (REQUIRED)
- **Date**: Date you are completing the form (REQUIRED)