



# WSSU Vendor Registration Form

Vendor Instruction Page - Sample

## VENDOR INFORMATION:

- Purchasing Services strongly encourages ALL vendors to register with the State of North Carolina. To do so, please visit: <https://www.ips.state.nc.us/Vendor/VendorPubMain.aspx>.
- Purchasing Services strongly encourages ALL Historically Underutilized Businesses (HUB) vendors to register with the State of North Carolina AND the North Carolina HUB Office. To do so, please visit: <http://www.doa.state.nc.us/hub/>. Historically Underutilized Businesses (HUBs) as defined in N.C. General Statutes 143-48.4, and 143-128.4 (a), and (b) are minority, women, disabled and disadvantaged owned businesses that are at least 51 percent owned and controlled by one of the aforementioned groups. The HUB Office also promotes the utilization of disabled business enterprises and non-profit work centers for the blind and severely disabled by state agencies and public entities.

**All Vendor applications will be verified for accuracy and debarment status prior to financial commitments by the University.**

## INSTRUCTIONS:

- Vendor must complete all fields. Processing will be delayed if form is incomplete.
- Please contact Purchasing Services at 336.750.2930, if further assistance is needed.

General Information				
Name/ Name of Firm <b>ABC Company</b>			Federal Tax ID Number /SSN <b>555-55-55</b>	
Order From Address <b>123 Street</b>	City <b>Anywhere</b>	State <b>NC</b>	Zip <b>27xxx</b>	
Remit To Address <b>123 Street</b>	City <b>Anywhere</b>	State <b>NC</b>	Zip <b>27xxx</b>	
HUB Classification Choose a HUB Classification.		Business Classification Choose a Business Classification.		
Are you or any company representative employed at the University: Choose an item.		Employment Status: Choose an item.		
Vendor Contact Person Information				
Last Name <b>Doe</b>		First Name <b>John</b>	M.I.	
Title <b>Mr. John Doe</b>		E-mail Address <b>none@email.com</b>		
Telephone Number <b>(555) 555-5555</b> Ext:		Fax Number <b>(555 ) 555-5555</b>		

Click on drop down arrow and select a Hub Classification

Click on drop down arrow and select a Business Classification

Click on drop arrow and select Yes or

Click on drop down arrow and select Employment Status

**PRINT and FAX**  
Completed Form to Attn:  
Purchasing Services  
**Fax: 336-750-8894**



# WSSU Vendor/Employee Electronic Payment (NOT PAYROLL)

Vendor Instruction Page - Sample

Please select type of enrollment by placing an "  " in the appropriate space. Choose "New" if you are signing up for the first time, or wish to restart direct deposit. Choose "Change" in the event you wish to have the funds deposited into a different bank account.

New Enrollment

Change Enrollment

Delete Enrollment

## Direct Deposit Information

Employee/Vendor Name <b>John Doe</b>		SS#/ Federal Tax ID Number <b>555-55-5555</b>	
Bank Name <b>ABC Bank</b>		Branch <b>ABC Branch</b>	
City <b>Anywhere</b>	State <b>NC</b>	Zip <b>27xxx</b>	
Routing No.		Account No.	
<input type="checkbox"/> CHECKING ACCOUNT		<input checked="" type="checkbox"/> SAVINGS ACCOUNT	

## Contact Person Information

Last Name <b>Doe</b>	First Name <b>John</b>	M.I.
Title <b>Mr. John Doe</b>	E-Mail Address <b>none@email.com</b>	
Telephone Number <b>(555)555-5555</b>	Ext:	Fax Number <b>(555)555-5555</b>

⇒⇒⇒⇒ PLEASE ATTACH A VOIDED CHECK (for checking account) ⇐⇐⇐⇐  
(write "void" across the front of the check)

-OR-

⇒ PLEASE ATTACH A VOIDED PREPRINTED DEPOSIT SLIP (for savings account) ⇐  
(write "void" across the front of the slip)

## Direct Deposit Authorization Agreement

*NOTE: After you enroll for direct deposit, all future payments will be deposited directly to the account specified unless this agreement is terminated or amended by written notification. You will receive an advice via email showing the payment processed for direct deposit and date. If funds are directly deposited to your account in error, the University may initiate a transaction to remove the funds. If you change or close the bank account specified, you must resubmit this form (Change Enrollment) immediately.*

I authorize Winston Salem State University to deposit Vendor/Employee reimbursable payments into the checking account or savings account noted above. This form is not to be used for Payroll purposes. This authorization will remain in effect until I provide written notification to the Accounts Payable Office requesting termination (allowing 15 days for processing).

Signature

Date

**Please forward in confidential envelope to:**

Disbursement Services  
1604 Lowery Street  
Winston Salem, NC 27110  
Fax: 336.750.8894

EMAIL: [AcctPayableStaff@wssu.edu](mailto:AcctPayableStaff@wssu.edu)