



**GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS**

P.O. Box 884
Hagatna, GU 96932



**VENDOR ELECTRONIC FUNDS TRANSFER (EFT)
AUTHORIZATION FORM**

Account Name: _____ (1) Bank Mailing Address: _____

Name of Bank: _____ (2) _____

Routing Number: _____ (3) _____ (6)

Account Number: _____ (4) _____

Phone Number: _____ (5) _____

Type of Account: Checking (7) Savings

The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 G.C.A. Section §8169 which state

Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.

Account Holder or Authorized Representative:

_____ (8a)
Sign _____ (8b)
_____ Print Name _____ (8c)
_____ Date

Vendor Number: _____ (9a) Phone Number(s): _____ (9c)

Email Address: _____ (9b) Fax Number: _____ (9c)

For information, please contact
Department of Administration, Division of Accounts, Accounts Payable Section at
Phone Number: **(671) 475-1228** * Forms can be faxed to **(671) 472-8483**
Forms are also available at www.da.doa.guam.gov

Vendor Record and EFT Application

General:

Establishing a vendor file is the first step to recording all transactions for a single vendor and exclusive to the Division of Accounts, Department of Administration. This file contains the following data for all permanent vendors and is used on a recurring basis by the Government of Guam.

1. Name
2. Address
3. Type of business and business license
4. EIN/SSN

Each vendor is assigned a code consisting eight characters called a "vendor number". The vendor code is required in the processing of transactions to identify the provider of goods or services. The vendor code is used to print the names and addresses on checks.

Each agency is responsible for updating vendor files.

Vendor Records

Line-By-Line Instructions:

Line 1 – FROM

Enter the name of the department/agency requesting for a vendor number.

Line 2 – NEW VENDOR

Check this box if request is for a new vendor.

Enter the complete and official name of vendor to be established.

Enter the mailing address of the vendor being established.

Line 3 – CHANGE OF VENDOR RECORD

Check box if a change is being made to an existing vendor record.

Enter the new name of vendor.

Enter the new address of vendor.

Line 4 – TAXPAYER ID NUMBER

Enter the taxpayer ID Number applicable to this vendor request.

Line 5 – PRODUCT / SERVICE

Provide supporting documents for any changes (product or services).

Identify if:

- GovGuam employee;
- Work release client;
- Child care client;
- DISID/DVR client.

Line 6 – CONTACT NUMBER (work)

Enter the business contact number.

Line 7 – CONTACT NUMBER (other)

Enter the alternate contact number.

Line 8 – FACSIMILE NUMBER

Enter the vendor's fax number.

Line 9 – E-MAIL ADDRESS

Enter a current email address.

Line 10 – VENDOR TYPE

Check the box applicable to the vendor type.

Line 11 – EXISTING VENDOR NUMBER

If a vendor number exists under the same name and address, enter the existing vendor number.

Line 12 – VENDOR APPLICANT'S SIGNATURE

Signature of the applicant or his/her authorized representative.

Enter the name and title of the vendor or his/her authorized representative in this field.

Also, indicate one of the following:

- Company name
- Govt of Guam employee
- Non-Profit Organization

Requesting Agency or Department box

Line 13 – REQUESTING AGENCY or DEPARTMENT

Enter the original signature, name and date of the person submitting the document.

Department of Administration box

Line 14 – Vendor Number

To be completed by Division of Accounts only.

Line 15 – Vendor Number

To be completed by Division of Accounts only.

NOTE: A Form W-9 must be completed and attached to the Vendor Records application.

Attachments (Where applicable)

- Marriage license
- Current license
- Proper identification
- Court orders/Legal documents
- By laws

Vendor Electronic Funds Transfer (EFT) Authorization Form

Line-By-Line Instructions:

Line 1 – ACCOUNT NAME

The name of the account as filed at the applicant's bank.

Line 2 – NAME OF BANK

The bank name and address where the applicant's account is located.

Line 3 – ROUTING NUMBER

The official routing number for the applicant's bank.

Line 4 – ACCOUNT NUMBER

The bank-assigned account number of the applicant.

Line 5 – (VENDOR'S) PHONE NUMBER

Indicate the bank's phone number.

Line 6 – BANK MAILING ADDRESS

Indicate the bank's mailing address

Line 7 – TYPE OF ACCOUNT

Check appropriate box – savings or checking account.

Account Holder or Authorized Representative

Line 8a – SIGNATURE OF ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE

Signature of person submitting application.

Line 8b – PRINT ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE

Print the name of person signing the application.

Vendor Record and EFT Application

Line 8c – DATE

Enter the date of application.

Vendor (current) Information

Line 9a – VENDOR NUMBER

Print the current, or existing, vendor number.

Line 9b – EMAIL ADDRESS

Print the valid email address of the vendor.

Line 9c – PHONE NUMBER

Enter the valid contact number(s) of the vendor.

Line 9d – FAX NUMBER

Enter the valid fax number (if applicable) of the vendor.



GOVERNMENT OF GUAM
 DEPARTMENT OF ADMINISTRATION
 DIVISION OF ACCOUNTS
VENDOR RECORDS



To: Accounts Payable Section

From: _____ (1)

Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

NEW VENDOR

Name: _____ (2)

Address: _____

City State Zip Code

CHANGE OF VENDOR RECORD

Name: _____ (3)

Address: _____

City State Zip Code

OTHER REQUIRED INFORMATION

Taxpayer ID No./Soc Sec No: _____ (4)

Type of Product / Svc: _____ (5)

Contact No.(work): _____ (6)

Contact No.(other): _____ (7)

Fax Number(s): _____ (8)

E-mail Address: _____ (9)

Check all Applicable: (10)

Petty Cash Custodian

Business License

EMPLOYEE

Proper identification

Existing Vendor Number

_____ (11)

_____ (12)

VENDOR APPLICANT'S SIGNATURE

Please fill out, print & sign the IRS W-9 form:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>

Print Name: _____

Print Title: _____

REQUESTING AGENCY or DEPARTMENT

Submitted by:

_____ (13)

Signature

Name & Title

Contact No.

Date

DEPARTMENT OF ADMINISTRATION

Vendor Number

_____ (14)

Established by:

_____ (15)

Signature

Date

Vendor Record and EFT Application (Nov-2015)

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Vendor numbers have distinct designations:

- Typical Vendor: Alpha-Numeric
- Employees: 3.
- DVR / DISID: 4
- FEMA / IFG: 5
- Child Support: 6
- Special Project (Reis): 7
- Unassigned: 8, 9

Each agency is responsible for updating their vendor's file as needed.

Vendor Records

Line-By-Line Instructions:

Form ACC-VNA001

Line 1 – FROM

Enter the name of the department/agency requesting for a vendor number.

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