



# VENDOR/SUPPLIER REGISTRATION FORM

University Department Requesting Form \_\_\_\_\_

E-Mail/Fax completed form to:

Fax: 918-495-6985

E-mail form: vendors@oru.edu

Phone: 918-495-7531/7549

Company/Individual Name on IRS Record		Phone	Fax
Company DBA name - <i>Payments will be made to this name</i>		Phone	Fax
Contact Name		Phone	Fax
[PR/PO] Primary Business Address/Purchase Order Information		Phone	Fax
(Physical Street, City, State, 9-Digit Zip)		E-Mail Address and/or Company Website	
Contact Name		Title	
[RE] Remit To Information (If different from above) <i>Mailing address for checks and 1099 reporting</i>		Phone	Fax
(PO Box or Street, City, State, OK 9-Digit Zip)		E-mail Address	
Contact Name		Title	
Parent Company Name and address			
<b>Relationship Disclosure (Check all that apply):</b> [R1] Are you, or any Officer, Director, Owner or Partner in this company, an employee of Oral Roberts University? <input type="checkbox"/> Yes <input type="checkbox"/> No [R2] Is a direct family member of any of the above an employee of Oral Roberts University? <input type="checkbox"/> Yes <input type="checkbox"/> No [R3] Are you an Alumni of Oral Roberts University? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Substitute IRS Form W-9 Certification</b>		<b>Social Security Number</b>	
<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given above to avoid backup withholding. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).		_____ or <b>Employer Identification Number</b> _____	
<b>IRS Business Classification (must check one)</b> [IS] <input type="checkbox"/> Individual/Sole Proprietor [LL] <input type="checkbox"/> Limited Liability Entity ( <i>D-Disregard entity C-Corporation, P-Partnership</i> ) [CP] <input type="checkbox"/> Corporation [PR] <input type="checkbox"/> Partnership [NP] <input type="checkbox"/> Non-Profit [OT] <input type="checkbox"/> Other _____			
Designated State Domicile Registration: _____			
<b>Part II Certification</b>			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (and authorized to sign an IRS Form W-9).			
<b>Certification instructions:</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For additional information refer to: <a href="http://www.irs.gov">www.irs.gov</a> and form W-9.			
Submission of this form is not a contract between Oral Roberts University and any party.			
Sign Here	Signature of U.S. Person:		Date:
	Printed Name:		
	Title:		

# Oral Roberts University

7777 S Lewis Ave, Tulsa, OK 74171  
918-495-7531/7549  
fax: 918-495-6985

## ORU Payment Enrollment Form

See page 2 for Terms and Conditions

[vendors@oru.edu](mailto:vendors@oru.edu)

### Block 1 - INDIVIDUAL OR COMPANY INFORMATION

Individual	Company
SSN# _____ - _____ - _____	FEIN# _____ - _____ - _____
Name: _____	Name: _____
Address: _____ Physical Street Address (required)	Address: _____ Physical Street Address (required)
Address: _____ Mailing Address	Address: _____ Mailing Address
_____ City, State and Zip Code	_____ City, State and Zip Code
Phone ( _____ ) _____ - _____	Phone ( _____ ) _____ - _____

### Block 2 - FINANCIAL BANK INSTITUTION INFORMATION

Bank Institution Name: \_\_\_\_\_

Institution Account Number: \_\_\_\_\_

Nine-Digit Routing Number: \_\_\_\_\_

Please Check Type of Account: ☐ Checking ☐ Savings

### Block 3 - NOTIFICATION METHOD

*Notification of your deposit confirmation will be sent via e-mail.*

Email Address (required): \_\_\_\_\_

*By signing below, I acknowledge that I have read, understand and agree to the Terms and Conditions on Page 2 and that I have the authority to execute this authorization on behalf of the vendor. This authorization is to remain in full force until Oral Roberts University has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title : \_\_\_\_\_

If you have any questions concerning ACH Transactions, please contact Mary Ellen Crosby or Reba Johnson  
918-495-7531/7549 or Fax 918-495-6985.

### OFFICE USE ONLY

\_\_\_\_ Updated in Banner Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

## TERMS AND CONDITIONS

The standard for any payments made on behalf of Oral Roberts University (ORU) is through the Federal Automated Clearing House, commonly known as ACH or direct deposit. ACH is known to be the safest, fastest and most convenient method of payment. To enroll in the ACH payment process, you must have a valid checking or savings account at a financial institution that participates in ACH. Most banks and credit unions do participate in ACH.

In order to successfully carry out ORU's fiscal responsibility, the individual or company agrees:

- To the provisions of this ACH agreement;
- To provide accurate enrollment information:
- That any revised authorization will replace any previous authorization;
- That ORU may reverse any duplicate or erroneous credit entries; and
- That the authorization shall remain valid until it is terminated; revoked in writing or by the closing of the recipient's account at the receiving financial institution.

Submission of the ACH Payment Enrollment Form authorizes ORU to electronically deposit payments through ACH to the financial institution listed on Page 1 (Block 2) pertaining to payments issued by the ORU Accounts Payable department for travel, refunds, and/or vendor payments, whichever is applicable.

Your authorization shall remain in effect until advance written notice of termination is produced to ORU. Such notice should afford ORU and the financial institution named on Page 1 (Block 2) reasonable opportunity to take corrective action. It is your responsibility to provide an updated ACH Payment Enrollment Form to ORU updating any changes to your financial institution, routing and account number(s).

Notice to ORU should be addressed to:

Oral Roberts University

Accounts Payable

7777 S. Lewis Avenue

Tulsa, OK 74171

Email forms to: [vendors@oru.edu](mailto:vendors@oru.edu) or

Fax forms to: 918-495-6985