

Supplier Profile Form



Federal Reserve Bank of

FRB email

FRB Fax #

This form is used by the Reserve Banks to develop supplier profiles. This form must be completed and submitted to the Reserve Bank along with a completed and signed IRS W-9 form and ACH Payment Authorization Form. Please also submit a copy of your invoice if available.

Payee Name

Legal Name (as shown on income tax return)

Business Name/DBA if different from above

Taxpayer Identification Number (TIN)

The TIN must match the Legal Name provided on this form and the IRS W-9 form provided to us.

Employer Identification Number -

OR

Social Security Number - -

Remittance Address for Payment - Enter exactly as shown on your invoice

Address (number, street, apt./suite no.)

City, State, Zip Code

Purchase From Address - For location of goods and/or services for PO issuance only if applicable

Address (number, street, apt./suite no.)

City, State, Zip Code

Accounts Receivable Contact Information

Name	Phone	Email
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Other Information

Product/Service Provided	DUNS #
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Check this box if you are an FRB Director

Payment Information


Does your company accept Purchasing Cards?	Yes	No
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If yes, does your company charge processing fees?	Yes	No
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Signature _____ Title _____

Printed Name _____ Phone _____ Date _____

*Typed signatures are not acceptable

Federal Reserve Bank of FRB Email: FRB Fax:	 <h2 style="margin: 0;">ACH PAYMENT AUTHORIZATION FORM</h2>
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On behalf of the Federal Reserve Bank of _____ (hereafter “Reserve Bank”), the Federal Reserve Bank of Dallas (FRBD) makes payments to Reserve Bank suppliers via the Automated Clearing House (ACH). ACH payments are made directly to a supplier’s account at its depository institution. The Reserve Banks do not charge vendors for making payments via ACH. This payment method can reduce preparation and handling costs to both the originator and receiver of the payment and expedite timely payments.

Please read the authorization agreement and follow the instructions below.

1. COMPLETE THE FORM BELOW. Be sure to include your signature(s), and date. Please print clearly. (An incomplete form cannot be processed).
2. Verify the account and ABA/Routing number with your Bank.
3. Return the completed form to your Federal Reserve Bank contact via e-mail or fax as noted above.

ACH AUTHORIZATION AGREEMENT

On behalf of the person identified below (whether an individual or entity, the “Supplier”), I hereby authorize the Federal Reserve Bank of Dallas to make payments due to us on behalf of the “Reserve Bank” by initiating credit entries and necessary adjustments related to those credit entries (either credits or debits) to “Suppliers” account identified below. I shall inform the “Reserve Bank” by submitting a newly executed ACH authorization agreement immediately if any change occurs to the information provided below. This authorization will remain in effect until the “Reserve Bank” has received written notice from “Supplier” terminating the authorization and “Reserve Bank” has a reasonable opportunity to act (which shall not be less than 15 days) on such notice of termination.

Remit to Payment Address:

Address (number, street, and apt. or suite no.):
City/State/Zip:

Type of account (select one):

CHECKING ACCOUNT

SAVINGS ACCOUNT (validate ABA and account with your depository Institution)

SUPPLIER INFORMATION

<small>LEGAL NAME (as shown on your tax return)</small>	<small>BUSINESS NAME or DBA, if different from Legal name</small>

DEPOSITORY INFORMATION	NAME OF DEPOSITORY INSTITUTION:			
	BRANCH ADDRESS:			
	CITY/STATE/ZIP:			
	PHONE NUMBER:			
	DEPOSITORY INSTITUTION'S ROUTING NUMBER:			
	SUPPLIER'S ACCOUNT NUMBER:			
AUTHORIZER(S) INFORMATION	<small>AUTHORIZED SIGNATURE:</small>		<small>AUTHORIZED SIGNATURE:</small>	
	<small>PRINTED NAME</small>		<small>PRINTED NAME:</small>	
	<small>TITLE:</small>		<small>TITLE:</small>	
	<small>PHONE No:</small>	<small>DATE:</small>	<small>PHONE No:</small>	<small>DATE:</small>