

325 Eastlake Avenue East PO Box 778 Seattle, WA 98111-0778 1-800-467-3626

Substitute W-9 Accounts Payable vendor information form

Requester name _____

	New Request	t 🛛 Change Request
Legal business name		
Doing business as (DBA)		
Check appropriate box for federal tax classification (required):		Business type
□ Individual/sole proprietor □ C Corporation □ S Corporation □ Partnership □ Trust/estate		□ Attorney
Limited liability company		 Medical Other
General Foreign vendor		 Other Exempt payee
Address (number, street, and apt. or suite no.)		
City, state, and ZIP code		
Contact name, phone number, and email		
Taxpayer Identification Number (TIN) Social Security no		
Enter your TIN in the appropriate box. The TIN provided must match the name		
given on the "Name" line to avoid backup withholding. For individuals, this is your Social Security number (SSN). For other entities, it is your employer Employer identification number		number
identification number (EIN).		
Enroll to receive your payments electronically? Yes No		
Name on account		
Name of financial institution		
Routing/transit number	Bank account number	
Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). 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.		
Certification instructions. 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 real estate transactions,		
item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are		
not required to sign the certification, but you must provide your correct TIN.		a dividends, you are
I authorize PEMCO Mutual Insurance Company to initiate elec	tronic credit entries t	o my account as
indicated above in full or partial payment of my billings to PEMCO for goods or services. If you choose to email, be advised it is unencrypted and could expose sensitive information.		
Signature Date		
Please print to fill out this form and return via fax or mail to protect the privacy of this content. Return completed form to: PEMCO Mutual Insurance Company, PO Box 778, Seattle, WA 98111-0778,		
fax: 206-628-8718, or email accounts.payable@pemco.com.		

For questions, please call 206-628-7908 or 888-628-8758, ext. 7908.