



Prior to Lockport Township High School District 205 processing a payment for goods and/or services, a Vendor Information Form must be completed and submitted to the Business Office. Completed forms provide the necessary information for use internally by District personnel, as well as for federal and state reporting purposes.

Vendor Information

Type of Vendor: ☐ Business ☐ Individual ☐ Government Agency ☐ Other Not-for-Profit Organization

Vendor Name: _____

Phone Number: _____

Fax Number: _____

E-Mail (Used for PO Submissions): _____

Business Classification (if applicable)*: ☐ Minority Owned ☐ Female Owned ☐ Owned by Persons with Disabilities
☐ Certified Small Business ☐ Veteran Owned

* In accordance with Illinois School Code (105 ILCS 5/10-17), schools are required to publish an annual report identifying the total number of contracts awarded to minority, female, veteran, small business, or disabled contractors/vendors, as certified by a certifying agency (e.g. Cook County, State of Illinois, U.S. Small Business Association) in accordance with the definitions provided in 30 ILCS 575/2.

Mailing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Remittance Mailing Address (if different than above)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tax Payer Identification

This section does not need to be completed if a W-9 form is attached. Please refer to IRS form W-9 for guidance if necessary.

Types of Goods and/or Services Offered: _____

Tax Classification: ☐ Individual/Sole Proprietor or single-member LLC ☐ C - Corporation ☐ S - Corporation

☐ P - Partnership ☐ Trust/Estate ☐ Limited Liability Company (Insert Type): _____

☐ Other: _____

Federal Tax ID Number: _____ or Social Security Number: _____

Payment Processing Instructions

! Please note that SSN info should only be sent via email if using an encrypted email service !

Would you like to sign-up for electronic payments (ACH)? ☐ Yes ☐ No *If Yes, please complete the Vendor ACH Deposit Authorization Form.*

Approval

Under penalties of perjury, I certify that the information provided on this form is complete and accurate. I understand that this information will be utilized for local, federal, and state reporting purposes. I further certify that 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.

Printed Name of Vendor Representative: _____

Vendor Representative Signature: _____

Date: _____



I authorize and request Lockport Township High School District 205 to originate accounts payable payments through the Automated Clearing House (ACH) electronic funds transfer (EFT) credit entries to the account indicated below. I understand that both the financial institution listed below and Lockport Township High School District 205 reserve the right to cancel/suspend this agreement, with reasonable notification to me. In addition, I understand that I have the right to cancel this agreement no later than the next unprocessed accounts payable period with reasonable notification from me.

Vendor Information

Vendor Name:

Payment Contact Name and Title:

Payment Contact Phone Number:

Vendor TIN or SSN:

Payment Contact Email:

Vendor Address:

City:

State:

Zip Code:

Account Information

Bank/Credit Union Name:

Bank Address:

City/State/Zip:

ABA Routing Number:

Account Number:

Type of Account: ☐ Checking ☐ Business ☐ Personal

☐ Savings ☐ Business ☐ Personal

Authorization

Authorized Name:

Authorized Signature:

Date:

Please note that banking information should not be sent via email unless it can be sent through an encrypted email service.