

Must Provide **All** Information Or Vendor **WILL NOT** Be Set-Up

**Vendor Information:**

**Section One** – To be completed by all vendor requests

Name	RBHA Employee		
Address 1	(PO Boxes must include a street address)		
Address 2			
City	State	Zip	+
Country	Phone	Email	

**Section Two** – To be completed only by **Non-RBHA** employee vendor requests

Tax ID #	Principal Contact name
Describe Nature of Services Performed	
Submitted W-9	(Attach copy to email with this completed form)

**Section Three** – To be completed by all vendor requests

Preferred Method of Payment:	Check	ACH
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**If Check**, Remit Payment to (If payment address is different from the address above):

Address 1			
Address 2			
City	State	Zip	+
Country			

**If ACH** (Include Attached Information)

Preparer's Name  
Phone

**Must be signed below.** You can sign electronically or print a copy of this form and sign in black ink.

Signature of Preparer	Date
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See bottom of page 2 for emailing instructions

IRS Legal Name:
Routing Number:
Account Number:
Bank Name:
Email Address for Remittance advice:

**RBHA Finance USE ONLY**

Received Form W-9 (N/A for Employees)

Information Verified Vendor # Assigned

Set-Up By: Date



Please email the completed form to Barbara J. Thornhill at [Barbara.thornhill@rbha.org](mailto:Barbara.thornhill@rbha.org)  
and copy Bill Fellows at [bill.fellows@rbha.org](mailto:bill.fellows@rbha.org)