RBHA RICHMOND BEHAVIORAL HEALTH AUTHORITY

# New Vendor Set-Up / Vendor Change Request Form

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

Address 2 (PO Boxes must include a street address)

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

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

Address 1

Address 2

City | State | Zip | +

Country

**If ACH**, Complete Page 2 of this document.

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

See bottom of page 2 for emailing instructions

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**N/A If a check payment is desired**

| | | |
|---|---|---|
| IRS Legal Name: | | |
| Routing Number: | | This should be 9 digits |
| 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 _____

Verified By: _____ Date _____

Set-Up By: _____ Date _____

Please email the completed form to your RBHA contact who will forward it to the Finance Help Desk for set up or change.