U.S. House of Representatives

Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

INSTRUCTIONS

Internal Revenue Code 6109 mandates the use of a Tax Identification Number (TIN) from all entities that do business in the United States. **Please complete Section II with your TIN or SSN.** The Debt Collection Improvement Act of 1996 requires Federal agencies to pay vendors by Electronic Funds Transfer (EFT). This method significantly improves the speed at which vendors of the US Government receive payments directly to the vendor's financial institution. **Please complete Section III with your bank information for all payments from the House.** Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. **Please sign Section IV and return the form to us.**

All information collected on this form is required under the provisions of 31 U.S.C. 3322, 31 CFR 210, Section 6109 of the Internal Revenue Code and PL 93-579, which governs your privacy. Your information is never published or used for any other purpose than to pay you.

RETURN FORM TO: VendorEFT@mail.house.gov **FAX NUMBER:** (202) 225-6914

SECTION I UNITED STATES HOUSE OF REPRESENTATIVES INFORMATION

AGENCY IDENTIFIER	53-6002523	AGENCY LOCATION CODE 4832	TELEPHONE NUMBER (202) 226-2277
ADDRESS	CAO Office of Accounting Room 334-A Ford House Office Building, Washington, DC 20515		

SECTION II PAYEE/COMPANY INFORMATION

NAME AS SHOWN ON YOUR INCOME TAX RETURN: Village of Orland Park

BUSINESS NAME/DISREGARDED ENTITY NAME, IF DIFFERENT THAN ABOVE:

Check Tax Identification Number type
- ☐ SOCIAL SECURITY NUMBER (or)
- ☐ EIN

Enter Tax ID Number: 36-6006035

ADDRESS: 14700 Ravinia Avenue

CITY/STATE/ZIP: Orland Park, Illinois 60462-3167

CONTACT PERSON NAME: Mary Kent-Gehrt

Check appropriate box for federal tax classification (required)
- ☐ Individual/ Sole Proprietor
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/estate
- ☐ Limited Liability Company Enter the tax classification (C=C corporation, S=S corporation, P= Partnership) _____
- ☐ Exempt payee
- ☒ OTHER (Other entities. Enter your business name below as shown on required federal tax documents on the "Name" line. *This name should match the name shown on the charter or other legal document creating the entity.* You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.)

EMAIL: mgehrt@orland-park.il.us

TELEPHONE NUMBER: 708-403-6195

SECTION III FINANCIAL INSTITUTION INFORMATION

BANK NAME: Fifth Third Bank

ADDRESS: 9400 S. Cicero Avenue, Suite 204 MD G25151, Oak Lawn, IL 60453

ACH COORDINATOR NAME: Laura Shallow

TELEPHONE NUMBER: 708-346-7131

NINE-DIGIT ROUTING TRANSIT NUMBER: 0 7 1 9 2 3 9 0 9

DEPOSITOR ACCOUNT TITLE: Village of Orland Park

DEPOSITOR ACCOUNT NUMBER: 7233191001

LOCKBOX NUMBER:

TYPE OF ACCOUNT: ☒ CHECKING ☐ SAVINGS ☐ LOCKBOX

SECTION IV CERTIFICATION OF DATA

NAME: Mary Kent-Gehrt

TITLE/POSITION: Purchasing Administrator

SIGNATURE: Mary Kent-Gehrt

DATE: 02/11/2013

TELEPHONE NUMBER: 708-403-6195