

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

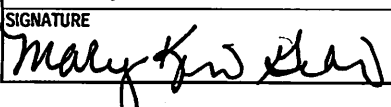
SECTION II PAYEE/COMPANY INFORMATION

NAME AS SHOWN ON YOUR INCOME TAX RETURN Village of Orland Park		Check appropriate box for federal tax classification (required) <input type="checkbox"/> Individual/ Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
BUSINESS NAME/DISREGARDED ENTITY NAME, IF DIFFERENT THAN ABOVE		<input type="checkbox"/> Limited Liability Company Enter the tax classification (C=C corporation, S=S corporation, P= Partnership) <input type="checkbox"/> Exempt payee	
Check Tax Identification Number type <input type="checkbox"/> SOCIAL SECURITY NUMBER (or) <input checked="" type="checkbox"/> EIN	Enter Tax ID Number 36-6006035	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.) <input checked="" type="checkbox"/>	
ADDRESS 14700 Ravinia Avenue			
CITY/STATE/ZIP Orland Park, Illinois 60462-3167		EMAIL mgehrt@orland-park.il.us	
CONTACT PERSON NAME Mary Kent-Gehrt		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 <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	

SECTION IV CERTIFICATION OF DATA

NAME Mary Kent-Gehrt		TITLE/POSITION Purchasing Administrator	
SIGNATURE 	DATE 02/11/2013	TELEPHONE NUMBER 708-403-6195	