Jackson County Housing Authority
Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

Jackson County Housing Authority's mission to provide quality, affordable housing is accomplished through federal funding from Housing and Urban Development. This funding requires that we obtain certain information from our vendors. The Authority protects your private information and promises that the information will never be published or used for any other purpose than to pay you. ***Please complete the sections below, sign and return via the email or fax number listed.***

RETURN FORM TO: billing@jcha-il.org **FAX NUMBER:** **(618) 684-3222**

SECTION I JACKSON COUNTY HOUSING AUTHORITY

ADDRESS 300 NORTH 7TH STREET MURPHYSBORO, IL 62966

AGENCY EIN 37-6019282 **PREFERRED INVOICE DELIVERY METHOD - EMAIL - billing@jcha-il.org** TELEPHONE NUMBER **(618) 684-3183**

SECTION II PAYEE/COMPANY INFORMATION

NAME (AS SHOWN ON YOUR INCOME TAX RETURN)

BUSINESS NAME/DISREGARDED ENTITY NAME or **DBA**, IF DIFFERENT THAN ABOVE

TYPE OF TAX IDENTIFICATION NUMBER
☐ SOCIAL SECURITY NUMBER (or)
☐ EIN

ENTER TAX IDENTIFICATION NUMBER

ADDRESS/CITY/STATE/ZIP

CONTACT PERSON NAME

EMAIL

TELEPHONE NUMBER **FAX NUMBER**

CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION (required)

☐ **Individual/ Sole Proprietor** ☐ **C Corporation** ☐ **S Corporation** ☐ **Partnership** ☐ **Trust/Estate**

☐ **Limited Liability Company** Enter 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 "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.)

PURCHASE ORDER ADDRESS/CITY/STATE/ZIP

EMAIL

TELEPHONE NUMBER **FAX NUMBER**

REMIT TO ADDRESS

SECTION III (Optional) FINANCIAL INSTITUTION INFORMATION - To receive payments by ACH

BANK NAME (Branch City, State)

ACH COORDINATOR NAME TELEPHONE NUMBER

NINE-DIGIT ROUTING TRANSIT NUMBER

____ ____ ____ ____ ____ ____ ____ ____ ____

DEPOSITOR ACCOUNT TITLE

DEPOSITOR ACCOUNT NUMBER LOCKBOX NUMBER

TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS ☐ LOCKBOX

SECTION IV SOCIO-ECONOMIC INFORMATION

Type of Business ☐ *Large Business-No Socio-Economic Designations* ☐ *Minority* ☐ *SmBusiness* ☐ *Sm-Disadv/Minority* ☐ *Sm-Disadv Only* ☐ *SmMin Only*

Sm-Disadvantaged Business Prog ☐ 8 (a) Firm **HUBZone Program** ☐ *HUBZone Eligible* ☐ ***Emerging Small Business*** ☐ ***Women-Owned Business***

Other Preference Programs ☐ Buy Indian ☐ *Directed to JWOD Non-Profit* ☐ *No Preference/Not Listed* ☐ *Small Business Set-Aside* ☐ *Very Small Business Set-Aside*

Veteran Owned Status ☐ *Non-Vet Owned SmBus* ☐ *Other Vet Owned SmBus* ☐ *Serv-Disabled Vet Other Bus* ☐ *Serv-Disabled Vet Owned SB* ☐ *Vet-Owned Other Bus*

Size of Business ☐ *(A) 50 or less* ☐ *(B) 51-100* ☐ *(C) 101-250* ☐ *(D) 251-500* ☐ *(E) 501-750* ☐ *(F) 751-1,000* ☐ *(G) Over 1,000* ☐ *(M) 1 million or less* ☐ *(N) 1.1-2 million* ☐ *(P) 2.1-3.5 million* ☐ *(R) 3.1-5 million* ☐ *(S) 5.1-10 million* ☐ *(T)10.1-17 million* ☐ *(Z)Over 17 million*

SECTION V CERTIFICATION OF DATA BY PAYEE/COMPANY

NAME TITLE/POSITION

SIGNATURE DATE TELEPHONE NUMBER

Instructions for Completing
Jackson County Housing Authority
Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

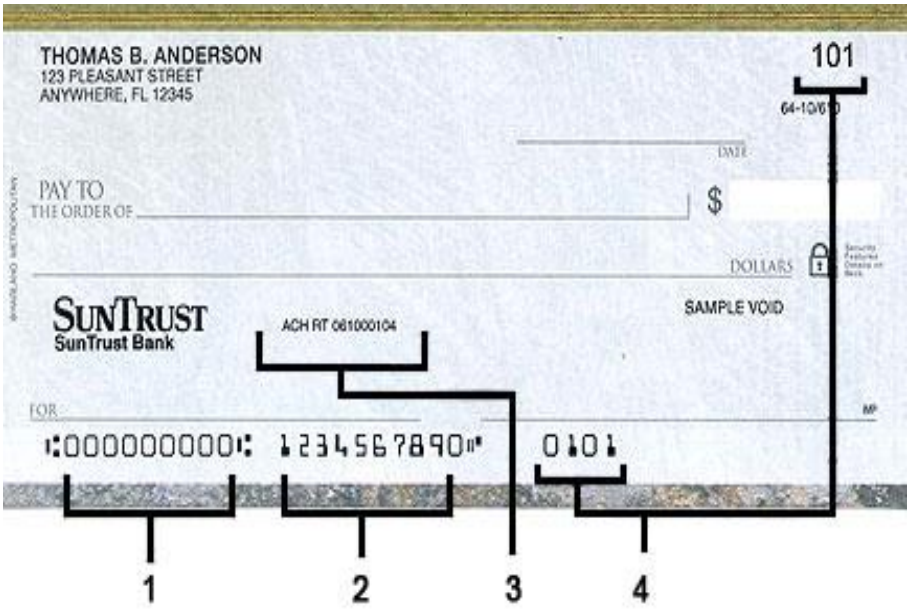
Section I - Agency Information – Includes the name and address, agency identifier, and telephone number for the Jackson County Housing Authority.

Section II - Payee/Company Information – Print or type the name of the payee/company and address that will receive payment, social security or taxpayer ID number, contact person name, telephone number and email of the payee/company. Print or type the purchase order and remit to addresses if different from the payee/company address. Check the appropriate boxes for federal tax classification.

Section III - Financial Institution Information – Print or type the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Check the appropriate box for type of account. Payee/Company may include a voided check with this form.

ACH Account Information Located on a Check or Deposit Ticket

FINANCIAL INSTITUTION NAME	name of the financial institution to which the payments are to be directed
ROUTING TRANSIT NUMBER (RTN)	financial institution's 9 digit routing transit number; *found on the bottom of a check or deposit ticket or from your Financial Institution*
ACCOUNT TITLE	employee's or vendor's name on the account
ACCOUNT NUMBER	account number at the financial institution



1. Routing Transit Number (RTN) – nine digits located between two symbols. This number identifies the bank holding your account and check processing center.
2. Account number – this is your complete account number. Your account number can be up to 17 digits. Please include leading zeros.
3. ACH Routing Transit Number – Automated Clearing House routing number, use this number for your Routing Transit Number (RTN) if you bank with ***SunTrust Bank***.
4. Check number – This information is not necessary - do not provide

Section IV - Socio-Economic Information – Check the boxes for each category, if applicable: type of business, small disadvantaged business program, HUBZone program, emerging small business, women-owned business, other preference programs, Veteran owned status and size of business. Detailed information related to Small Business programs can be found at http://www.sba.gov/.

Section V - Certification of Data By Payee/Company – Print or type the name, title/position and phone number of the Authorized official. The Authorized official must sign and date the form.