SUPPLIER (VENDOR) CHANGE REQUEST FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate "SUPPLIER USE ONLY" sections prior to submitting to SAO.

AGENCY USE ONLY
SUPPLIER ID NUMBER: 0 0 0 0 ☐ ☐ ☐ ☐ ☐ ☐ ☐ **NEW** ☐ **EXISTING**

SECTION 1 SUPPLIER USE ONLY SUPPLIER IDENTIFICATION – Complete All Applicable Fields

FEI/SSN/TIN: ☐☐☐☐☐☐☐☐☐

Supplier Name:

Doing Business As (DBA) : If applicable

Physical Address (Required – Do Not enter a PO Box)		**Mailing Address**	
Address:		**Address:**	
City:		**City:**	
State:	**Postal Code:**	**State:**	**Postal Code:**
Country:		**Country:**	
Driver's License #:		**DL State:**	
Primary #:	**Ext:**	**Secondary #:**	**Ext:**
LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)		LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)	

Contact Email:

SECTION 2 – REQUESTED CHANGE(S) – Select ALL That Apply

☐ Supplier/Business Name Change

☐ FEI/TIN Change (Cannot change if supplier is 1099 applicable)

☐ Non- 1099 Applicable ☐ 1099 Applicable 1099 Addr ID *(Agency Liaison **Must** enter the Address ID # where to mail 1099)* ☐

☐ 1099-M Enter Code *(Required for Form 1099-M)* ☐ 1099-N Code 01 *(01 is the only code available for the 1099-NEC)*

☐ Reactivate Supplier Profile

☐ Deactivate Supplier Profile *(Agency Liaison MUST attach written justification from supplier with SCR in FSCM)*

☐ Add Additional Business Address *(Enter additional address in Section 1)*

☐ Change **Existing** Business Address or Change/Add Payment Alt Name to an existing address (If payable to a different name)

Enter Addr ID # to change *(Agency Use Only – Must complete Section 1)* ☐ Payment Alt Name:

☐ Classification Change *(Agency Liaisons are required to circle one for Classification Changes)* Attorney, Gov Non-State of GA, HCM, Non-Supplier Student, Supplier Minority, Supplier Non-minority

☐ HCM Vendor ☐ Statewide Contract (DOAS Use Only)

☐ Other (Provide Details in the section below)

SECTION 3 SUPPLIER USE ONLY Select ALL That Apply (Required)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

☐ *GA Small Business ☐ Woman Owned

☐ **GA Resident Business ☐ Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51%):

See form instructions for eligibilty requirements

☐ Hispanic – Latino ☐ African American ☐ Native American

☐ Asian American ☐ Pacific Islander ☐ Not Applicable

☐ Prefer Not to Disclose

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or fewer employees OR $30 million or less in gross receipts per year.

**Georgia resident business is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

VETERAN OWNED SMALL BUSINESS (Check ALL That Apply)

☐ Non-Veteran Owned Small Business ☐ Veteran Owned Small Business ☐ Service Disabled VOSB ☐ Prefer Not to Disclose

SECTION 4 BANK ACCOUNT INFORMATION

(REQUIRED FOR SUPPLIERS TO ADD/CHANGE BANK INFORMATION TO RECEIVE PAYMENTS VIA ACH)

☐ Add New Bank Account ☐ Change Bank Account Enter Loc # ☐ *(Agency Liaisons are required to complete for Bank Changes)*

Replace Remittance Address at Loc # ☐ With Addr ID # ☐ Replace Invoicing Address at Loc # ☐ With Addr ID # ☐

SUPPLIER USE ONLY

ROUTING # ☐☐☐☐☐☐☐☐☐ NEW ACCOUNT # ☐

Last Four Digits of **Previous** Bank Account # *(For Changes Only)* ☐☐☐☐

☐ Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

☐ Check here if this account can only be used for a SPECIFIC PURPOSE. _____

DESCRIBE SPECIFIC PURPOSE

ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS: ☐

PAYMENT REMIT EMAIL ADDRESS: ☐

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer	Signature of Company Officer	Date

SECTION 5 AGENCY USE ONLY

By my signature below, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed above.

AGENCY LIAISON NAME	AGENCY LIAISON SIGNATURE	DATE	B/U #