VENDOR ADD/CHANGE/UPDATE FORM

The Vendor ADD/CHANGE/UPDATE Form is used to Add/Change/Delete/Inactivate a vendor record within our Enterprise Resource Planning (ERP) system. **All** fields must be completed, indicating N/A if **Not** applicable.
*Note: New vendors/Vendor Name Changes **must** attach a completed W-9.*

☐ ADD   ☐ CHANGE   ☐ DELETE   ☐ IN-ACTIVATE

VENDOR INFORMATION – Vendor ID# (Completed by DWIHN) _____

Tax ID# (EIN/SSN):	
Vendor (Legal) Name:	
DBA (Payment) Name:	
Contact Name/Title:	
Email:	**Phone #/Ext.#:**
Alternate Contact Name/Title:	
Email:	**Phone #/Ext.#:**
Mailing Address:	
City:	**State:** **Zip Code:**
Remittance Address (if different from above):	
City:	**State:** **Zip Code:**
Reason for Change/Deletion/Inactivation:	

BANKING INFORMATION (Note: Bank Confirmation Letter or Voided Check MUST be attached)

Bank Institution Name:	
Bank Routing #:	**Bank Account #**:

I certify that the information provided on this form is accurate. I hereby authorize Detroit Wayne Integrated Health Network (DWIHN) to initiate (ACH) Automated Clearing House credits to the above listed account for payments owed by DWIHN.

Authorized Signature:		Date:	

Printed Name/Title:

Please submit this form to your DWIHN contact for submission.