



## Town of Beacon Falls Vendor Instruction Sheet

- 1.) If you prefer to receive payment via ACH rather than paper check, please complete the attached **“Vendor Direct Payment Authorization Form”**
- 2.) Please provide a current signed W-9 form, if you have not already done so in the past year.
- 3.) If a service is being supplied on-site, please provide a current Certificate of Insurance naming the “Town of Beacon Falls” as certificate holder. The COI must have appropriate insurance limits for the industry, as determined by our Town liability insurer. *If you are unsure of the appropriate limits, please contact the Finance Office.*
- 4.) The Town of Beacon Falls is a tax-exempt entity. Our CERT-134 can be provided as proof of tax exemption, upon request.
- 5.) Purchase Orders:
  - For any vendor doing business with the Town of Beacon Falls, purchases of goods and services with an annual value of **\$1,000 or more** require the issuance of written Purchase Orders (PO). A duly authorized PO is required BEFORE a commitment with a vendor is valid. Failure to comply with the Purchase Order process will lead to a delay in payment.
  - *No vendor will be issued a Purchase Order nor will a vendor be allowed to enter into a contract with the Town of Beacon Falls, if any outstanding taxes (Real Estate or Personal Property) or fees (such as Police Private Duty) are owed by them to the Town of Beacon Falls.*



Town of Beacon Falls  
 10 Maple Avenue  
 Beacon Falls., CT 06403

**Authorization is:  
 (check one)**

New

Change

## Electronic Funds Transfer (EFT) Vendor Direct Payment Authorization Form

**INSTRUCTIONS:** Please complete both sections of this Authorization Form and attach a voided check.

### Section I - Vendor Information

1. Vendor Name: \_\_\_\_\_

2. Taxpayer ID Number or Social Security Number: \_\_\_\_\_

3. Vendor Primary Address: \_\_\_\_\_

\_\_\_\_\_

4. Contact Person Name: \_\_\_\_\_ Contact Person Telephone Number: \_\_\_\_\_

5. Vendor E-Mail Addresses for Remittance Notification: \_\_\_\_\_

6. Vendor Certification: *I understand the Vendor Direct Payment Program and hereby authorize payments to be received by electronic funds transfer into the bank that I designate in Section II. I further understand that in the event that an erroneous electronic payment is sent, Town of Beacon Falls reserves the right to reverse the electronic payment. In the event that a reversal cannot be implemented, Town of Beacon Falls will utilize any other lawful means to retrieve payments to which the payee was not entitled.*

\_\_\_\_\_

\_\_\_\_\_ Authorized Signature                      \_\_\_\_\_ Print Name and Title                      \_\_\_\_\_ Date

### Section II- Financial Institution Information

7. Bank Name: \_\_\_\_\_

8. Bank Address: \_\_\_\_\_

9. Routing Transit Number: \_\_\_\_\_ 10. Account Type:     Checking     Savings

11. Bank Account Number: \_\_\_\_\_ 12. Bank Account Title: \_\_\_\_\_

13. Bank Contact Person Name: \_\_\_\_\_ Bank Contact Telephone Number: \_\_\_\_\_

14. FINANCIAL INSTITUTION CERTIFICATION (required ONLY if directing funds into a Savings Account OR if a voided check is not attached to this form): *I certify that the account number and type of account is maintained in the name of the vendor named above. As a representative of the named financial Institution, I certify that this financial Institution is ACH capable and agrees to receive and deposit payments to the account shown.*

\_\_\_\_\_

\_\_\_\_\_ Authorized Signature                      \_\_\_\_\_ Print Name and Title                      \_\_\_\_\_ Date