SUPPLIER CHANGE REQUEST FORM

STATE ACCOUNTING OFFICE

Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAO.

☐ NEW ☐ EXISTING SUPPLIER ID NUMBER: Agency Use Only 0 0 0 0 ☐☐☐☐☐☐

SECTION 1 SUPPLIER IDENTIFICATION

FEI/SSN/TIN ☐☐☐☐☐☐☐☐☐

Supplier Name as listed with IRS:

Doing Business As (dba): if applicable

CONTACT INFORMATION (*REQUIRED) Enter the street address, city, state, zip, and county)

☐ *Physical Address:

☐ Mailing Address:

☐ Payment Remit to Address:

Contact's Name (REQUIRED FOR PAYMENT): Contact's Title:

*Contact's Email Address:

Primary Phone #: Ext: Contact's Phone #: Ext:

☐ Landline ☐ Cell Used for Identity Verification ☐ Landline ☐ Cell Used for Identity Verification

Driver's License #: For individuals only DL State:

SECTION 2 BANK ACC OUNT INFORMATION Required for New and Reactivating suppliers to add/change bank information to receive payments via ACH.

☐ I do not wish to provide banking information and understand all payments made to me will be via check.

☐ ACH is not applicable for the change request

☐ Replace Remittance Address at Loc # With Addr ID #

☐ Replace Invoicing Address at Loc # With Addr ID #

☐ Add New Bank Account ☐ Change Bank Account Enter Loc # Agency Liaisons are required to complete items on this line for bank changes

Name Exactly as Listed on Bank Account:

Bank Name:

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

SPECIFIC PURPOSE DESCRIPTION

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 3 DIVERSITY IDENTIFICATION (Check ALL That Apply)

BUSINESS CERTIFICATIONS

- ☐ GA Small Business*
- ☐ GA Resident Business**
- ☐ Not Applicable
- ☐ Women Owned
- ☐ Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% ownership)

- ☐ Hispanic – Latino
- ☐ Native American
- ☐ Pacific Islander
- ☐ African American
- ☐ Asian American
- ☐ Not Applicable
- ☐ Prefer Not to Answer

VETERANS OWNED SMALL BUSINESS (Check ALL That Apply)

☐ Nonveteran Owned Small Business ☐ Veteran-owned Small Business ☐ Service Disabled VOSB ☐ 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 less 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.

SECTION 4 – REQUESTED CHANGE(S) – (Check ALL That Apply)

☐ **1099 Eligible** Cannot change to non-eligible if supplier is already 1099 eligible

- ☐ **1099 Addr ID #** Agency Liaisons are REQUIRED to enter the AddrID # 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)

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

☐ **Change/Correct Existing Address** **Enter Addr ID # to change** ☐

☐ **Add/Change Payment Alt Name to an existing or new address**

Payment Alt Name: ☐

☐ **Classification Change:** (Agency Liaisons are required to check one for Classification Changes.)

- ☐ **Attorney**
- ☐ **Gov Non-State of GA**
- ☐ **HCM**
- ☐ **Non-Supplier**
- ☐ **Student**
- ☐ **Supplier Minority**
- ☐ **Supplier Non-minority**

☐ **FEI/TIN Change**

☐ **Statewide Contract** (DOAS Use Only)

☐ **HCM Vendor**

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

☐ **Reactivate Supplier Profile**

☐ **Supplier Name Change**

☐ **Other** (Provided details in the Comments section below)

Comments

AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)

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	BU/Company ID#

CLEAR PRINT

Revised 4/2025