**CMHPSM New Vendor Form**

The Community Mental Health Partnership of Southeast Michigan requires that all vendors complete this form, as well as form W-9: Request For Taxpayer Identification Number and Certification.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Vendor Name: |  | | | | | | |
| Vendor Type: | Individual/Sole Proprietor Corporation/State of Incorporation  Limited Liability Corporation Partnership  Other: | | | | | | |
| Federal Tax ID or Social Security Number: | | | |  | | | |
| **Vendor Business Address** | | | | | | | |
| Street Address: |  | | | | | | |
| City: |  | | | State: |  | ZIP+4: | - |
| Phone #: |  | | | Fax: | |  | |
| Main Email: |  | | | | | | |
| **Vendor Contact Information** | | | | | | | |
| Primary Contact Name: |  | | | Email: | |  | |
| Phone #: |  | | | Fax #: | |  | |
| **Financial Institution Information**  *All CMHPSM vendors will be paid through an electronic direct payment via ACH, instead of paper checks, unless the CMHPSM approves a paper check for an emergency or as an exception.* | | | | | | | |
| Financial Institution Name: | | |  | | | | |
| Routing/ABA Number: | | |  | | | | |
| Account Number: | | |  | | | | |
| Vendor Remittance E-Mail Address:  (For notification of all transactions) | | | |  | | | |
| Checking Account | | | | Savings Account | | | |
| *I understand this authorization remains in effect until cancelled by the Vendor or the CMHPSM. I authorize the CMHPSM to recover money electronically deposited in error by either debiting my account or by adjusting future payments. I understand I will be notified if an error does occur. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.*  *Vendor agrees to these stipulations by checking the agree box or signing or typing in the signature box:* | | | | | | | |
| Agree: | | Signature of Authorizer: |  | | | | |
| Name of Authorizer: | |  | | | | Date: |  |

Return this form by email to: [finance@cmhpsm.org](mailto:finance@cmhpsm.org) or by fax to: 734-222-3844; or by mail to: CMHPSM Finance Department 3005 Boardwalk Ave. Ste. 200 Ann Arbor, MI 48108.