REGIS UNIVERSITY

Dear Regis University Vendor,

We are in the process of updating our records. We are requesting that our vendors fill out and return the attached W-9 (Request for Taxpayer Identification Number and Certification) form. Please mail to:

Regis University 3333 Regis Blvd. Mail Stop C-24 Denver, Colorado 80221

We are also extending the opportunity to our vendors to select a method of payment:

Check	Electronic Fund Tra	ansfer (Direct Deposit)
Payment by Check: (Comp Mailing/Remit Address if diff	-	nformation)
Address:		
City:	State:	Zip:
E-Mail Address:		
Business Telephone:		
Payment by Electronic Fu	nd Transfer: (<i>Comple</i>	ete the following information and send in along
with a voided check or a l	etter from your bank	k to start process and a completed W9 form.)
Bank/Account:		
Routing Number:		Account Number:
Email Address:		Business Telephone:
All Advices will be e-mailed.		
l authorize Regis University t	o transfer funds for pay	yments of goods or services into the account named
above. I understand that Reg	us Universit <mark>y</mark> requires	this information to be current. Therefore, any
changes to information provi	ded on this form must	t be conveyed to Regis University, Accounts Payable
Department C-24, 3333 Regi	s Blvd., Denver, Colorad	do 80221 at least 15 days in advance in writing or e-
mail <u>financialaffairs@regis.e</u>	<u>du</u> to ensure accurate p	processing. Please call 303-458-4352 with questions.
attest that all information pr	ovided on behalf of the	e individual/business is accurate to the best of m y
knowledge.		
Authorized Signature of Vend	lor:	(Required for EFT Payments)

Print Signature of Vendor: ______ Date: ______