



Payee Information Form - New Payee

All sections must be completed (unless labeled as optional). If a field is not applicable, please enter N/A. Incomplete forms will be returned. All information must be legible.

Section 1 - Name and Tax Identification Number

Legal Business or Individual Name:
(Must match W-9 or W-8ECI Form) _____

Business Name, Trade Name, Doing Business As:
(If different than above) _____

Employer Identification Number (EIN) or Social Security Number (SSN):
(no dashes or spaces)

Section 2 - Remit To Address

Contact Name _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone Number: _____ Fax Number: _____

Email: _____

Section 3 - Additional Addresses - Optional *(if more than 2 addresses, include on a separate sheet)*

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Section 4 - Agency use only (Please include the following forms)

- IRS W-9 Form Authorization Agreement for Direct Deposit of EFT Payments
- Bank Verification (Voided Check or Bank Letter)

Reason for
exempting EFT

Comments

Agency Contact Name: _____

Agency Contact Phone: _____ Agency Contact Email: _____

Section 5 - Sign and Date

Name: _____

Title: _____

Signature: _____

Date: _____

Handwritten signature is required.

Submit to one of the following:

Email: Payee@Ohio.Gov
Fax: 1-614-485-1052
Mail: OBM Shared Services
Attn: Supplier Operations
P.O. Box 182880
Columbus, OH 43218-2880

Questions? Need Help? Please Contact:

Phone: 1-877-OHIO-SS1 (1-877-644-6771)
1-614-338-4781
Website: OhioPays.Ohio.Gov
Email: obm.sharedservices@obm.Ohio.Gov

NOTE: This document contains sensitive information. Sending via non-secure channels, including email and fax, can be a potential security risk. Pursuant to 26 USC 6109, the state is required to collect TIN / EIN / SSN and to use the numbers in its annual report to the IRS on the amount the state has paid each supplier.