



Payee Address Update

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-8 Form)

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

Employer Identification Number (EIN) or Social Security Number (SSN):

Section 2 - Current Address on record (for validation)

Address: _____

City: _____ State: _____ ZIP: _____

Section 3 - Action

Additional Address

Change Address

Remove Address

Section 4 - Address(es) to be added (if more than 2 addresses, please include on a separate form)

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email: _____

Phone: _____ Fax: _____

Address:

City:

State:

Zip Code:

County:

Email:

Phone:

Fax:

Section 5 - Address(es) to be removed (if more than 2 addresses, please include on a separate form)

Address:

City:

State:

Zip Code:

Address:

City:

State:

Zip Code:

Section 6 - 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.