



Dear Vendor:

The Rhode Island Commerce Corporation has implemented a system to process payments to its suppliers via Automated Clearing House (ACH) as an alternative to paper checks. This will expedite the receipt of funds into your business bank account and eliminate the need for you to make a deposit at the bank. You will receive a Remittance Advice (see attached) through the mail to report the details of each payment made for your financial records.

We are asking all suppliers to participate in this payment program. You will need to complete the attached paperwork (W-9 Form and ACH Payment Authorization Form) for us to complete the required set-up.

We are confident that this enhancement will provide for improved availability of funds as well as decreased administrative costs for you relative to processing bank deposits.

Please return forms to the following email billing address: billing@commerceri.com or mail to:

Rhode Island Commerce Corporation
Attn: Accounting Department
315 Iron Horse Way, Suite 101
Providence, RI 02908
Fax: 401-273-8270

If you have any questions, please do not hesitate to call the Accounting Department at 401-278-9100.



ACH PAYMENT AUTHORIZATION FORM

For Suppliers of Rhode Island Commerce Corporation

Rhode Island Commerce Corporation
315 Iron Horse Way, Suite 101
Providence, RI 02908
Tel: 401-278-9100 Fax: 401-273-8270
email: billing@commercerci.com

Vendor Name: _____

I hereby authorize Rhode Island Commerce Corporation (Corporation) to initiate entries to the checking/savings account at the financial institution listed below.

Account for funds to be deposited:

Bank Name: _____

Bank Address: _____

Bank Routing Number (9 digits ABA#): _____

Bank Account Number: _____

Name as it appears on the account: _____

Type of account: ___ Checking ___ Savings

Bank Contact Name: _____

Phone: (____) _____ **Fax:** (____) _____

E-mail address: _____

This authorization will remain in effect until the Corporation has received written notification of its termination to cancel it in such time as to afford the Corporation a reasonable opportunity to act.

Name: _____ **Title:** _____
(Please Print)

Signature: _____ **Date:** _____

For RI Commerce Corp. Internal Use Only

Date Received: _____ GP Vendor ID: _____

Date Updated GP: _____ Updated by: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)
Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																			
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Rhode Island Commerce Corp.
315 Iron Horse Way, Suite 101

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Providence

RI 02908

Company Name
Company Address

City, State ZIP

Vendor ID	Payment Number	Check Date	Check Number
-----	-----	-----	-----
Company Name	0000000045753	4/23/2009	REMIT000000517

Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
-----	-----	-----	-----	-----	-----	-----	-----
000000000063711	524221	4/21/09	\$100.00	\$100.00	\$0.00	\$0.00	\$100.00
	Totals:		\$100.00	\$100.00	\$0.00	\$0.00	\$100.00

SAMPLE REMITTANCE ADVICE