

**DEPARTMENT OF ADMINISTRATION
STATE ACCOUNTING BUREAU
PO BOX 200102
HELENA, MT 59620-0102**

**202 - VENDOR
UPDATE**

Questions please contact Warrant Writer. E-Mail: warrantwriter@mt.gov, Phone: 444-3092, Fax: 444-2812

Note: All incomplete/altered forms will not be processed.

1) Business Unit:	2) Agency Contact:	Voice
		Fax

3) Vendor ID:	4) <input type="checkbox"/> W-9 Attached <input type="checkbox"/> W-8 Attached <input type="checkbox"/> N/A
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5) Tax ID Number: (must be 9 digits)	<input type="checkbox"/> SSN <input type="checkbox"/> FEIN
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6) Update Requested (Check all that apply):

Vendor Name Add New Address Update Address* EFT/Banking Information E-Mail

*If requesting address update, indicate address number here:

7) Vendor Name: (limited to 40 characters per line)

Line 1

Line 2

8) Address: (limited to 45 characters per line)

Line 1

Line 2

Line 3

City	State/Province	Postal Code
Country	Phone Number (optional)	

9) Alternate Payee Name (limited to 40 characters per line)

Line 1

Line 2

10) EFT Bank Information: Voided Check/EFT Enrollment Form Bank Letter

11) E-Mail Address for EFT Payment Advice (Required for EFT Payments):

12) Special Instructions/Additional Information:

13) Agency Authorization	Authorized Signature	Title	Date
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To Be Completed by Department of Administration				
D of A Approval	Approved	Authorized Signature	Assigned Vendor ID	Date
	Not Approved			