



VENDOR SETUP

City Hall, 210 Lottie Street
Bellingham, Washington 98225
Telephone: (360) 778-8010
Fax: (360) 778-8001
Email: accountspayable@cob.org

Vendor Number Assigned:
(to be completed by the City)

To be filled out and given to the finance department to ensure correct and timely setup of new vendors. In addition to the information below, **the City of Bellingham requires all vendors include a current W-9.**

PART I – VENDOR INFORMATION:

COMPANY NAME

BUY FROM ADDRESS

CITY

STATE

ZIP

BUY FROM CONTACT NAME

BUY FROM PHONE

BUY FROM EMAIL

REMITTANCE ADDRESS (if different than above)

CITY

STATE

ZIP

REMIT CONTACT NAME

REMIT PHONE

REMIT EMAIL

BELLINGHAM BUSINESS LICENSE NUMBER ([Do I need a license?](#))

The City of Bellingham offers and encourages vendors to receive payments via ACH electronic funds transfer. Complete Part II of this form to authorize ACH payments.

PART II – ACH PAYMENT AUTHORIZATION: (Optional)

Check this box to decline ACH ☐

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY

STATE

ZIP

FINANCIAL INSTITUTION CONTACT NAME

PHONE NUMBER

Check this box for savings account ☐

ROUTING NUMBER

ACCOUNT NUMBER

SIGNATURE / DATE

I authorize the City of Bellingham (the "City") to deposit payment for services and/or goods provided to the City directly into the designated account at the financial institution listed above. I understand that the detailed invoice/remittance information will be sent to the remittance email above. If the City erroneously deposits funds into said account, I authorize the City and the financial institution to initiate the necessary transaction(s) required to correct this error.