



SUPPLIER CHANGE REQUEST FORM

Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAO.

NEW

EXISTING

SUPPLIER ID NUMBER: **Agency Use Only** 0 0 0 0

SECTION 1 SUPPLIER IDENTIFICATION

FEI/SSN/TIN

Supplier Name as listed with IRS:

Doing Business As (dba): **if applicable**

CONTACT INFORMATION (*REQUIRED) Enter the street address, city, state, zip, and county)

*Physical Address:

Mailing Address:

Payment Remit to Address:

Contact's Name **(REQUIRED FOR PAYMENT):**

Contact's Title:

*Contact's Email Address:

Primary Phone #:

Ext:

Contact's Phone #:

Ext:

Landline

Cell **Used for Identity Verification**

Landline

Cell **Used for Identity Verification**

Driver's License #: **For individuals only**

DL State:

SECTION 2 BANK ACCOUNT INFORMATION **Required for New and Reactivating suppliers to add/change bank information to receive payments via ACH.**

I do not wish to provide banking information and understand all payments made to me will be via check.

ACH is not applicable for the change request

Replace Remittance Address at Loc #

With Addr ID #

Replace Invoicing Address at Loc #

With Addr ID #

Add New Bank Account

Change Bank Account

Enter Loc #

Agency Liaisons are required to complete items on this line for bank changes

Name Exactly as Listed on Bank Account:

Bank Name:

ROUTING #

NEW ACCOUNT #

Last Four Digits of Previous Bank Account # **For changes only**

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE

SPECIFIC PURPOSE DESCRIPTION

ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS:

PAYMENT REMIT EMAIL ADDRESS:

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer

Signature of Company Officer

Date

SECTION 3 DIVERSITY IDENTIFICATION (Check ALL That Apply)

BUSINESS CERTIFICATIONS		MINORITY BUSINESS ENTERPRISE (51% ownership)	
GA Small Business*	Women Owned	Hispanic – Latino	African American
GA Resident Business**	Minority Business Certified	Native American	Asian American
Not Applicable		Pacific Islander	Not Applicable
			Prefer Not to Answer

VETERANS OWNED SMALL BUSINESS (Check ALL That Apply)

Nonveteran Owned Small Business	Veteran-owned Small Business	Service Disabled VOSB	Prefer Not to Disclose
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*Based on Georgia law (OCGA 50-5-21) (3) “**Small Business**” means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.

****Georgia resident business** is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

SECTION 4 – REQUESTED CHANGE(S) – (Check ALL That Apply)

1099 Eligible Cannot change to non-eligible if supplier is already 1099 eligible

1099 Addr ID # Agency Liaisons are REQUIRED to enter the AddrID # where to mail 1099

1099 – M Enter Code (Required for Form 1099 – M)

1099 – N Code 01 (01 is the only code available for the 1099 – NEC)

Add Additional Address (Enter additional address in Section 1)

Change/Correct Existing Address Enter Addr ID # to change

Add/Change Payment Alt Name to an existing or new address

Payment Alt Name:

Classification Change: (Agency Liaisons are required to check one for Classification Changes.)

Attorney	HCM	Student	Supplier Non-minority
Gov Non-State of GA	Non-Supplier	Supplier Minority	

FEI/TIN Change

Statewide Contract (DOAS Use Only)

HCM Vendor

Deactivate Supplier Profile (Agency Liaison MUST attach written justification from the supplier with the SCR.)

Reactivate Supplier Profile

Supplier Name Change

Other (Provided details in the Comments section below)

Comments

AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)

By my signature below, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier’s name and Tax ID listed above.

AGENCY LIAISON NAME	AGENCY LIAISON SIGNATURE	DATE	BU/Company ID#
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SUPPLIER CHANGE REQUEST FORM INSTRUCTIONS

Agency Vendor Liaisons **MUST** complete all areas indicated (as required) for Agency Liaisons and review the form to ensure the supplier has completed the areas for Supplier Use Only.

New	Select if the supplier has not been approved.
Existing	Select if the supplier is an existing supplier, requesting to change current information or status.
Supplier ID Number (REQUIRED)	Enter the Supplier ID Number.

SECTION 1 SUPPLIER IDENTIFICATION

This section **MUST** be completed in its **entirety** by the supplier unless otherwise indicated in the descriptions below.

FIELD	DESCRIPTION
FEI/SSN/TIN (REQUIRED)	Required for all requests. If requesting to change or correct a tax identification number, the supplier must enter their full 9-digit current, new, or correct tax identification number, i.e., SSN/TIN/EIN in this field.
SUPPLIER NAME (REQUIRED)	Required for all requests. If the supplier is requesting to change or correct their name, enter the supplier's current, new, or correct name in this field.
DOING BUSINESS AS (dba)	Enter the supplier's DBA name, if different from the supplier's name. If the supplier is requesting to add/change/correct their DBA name, enter the supplier's new or correct DBA name.
PHYSICAL ADDRESS (REQUIRED FOR ALL REQUESTS) (ADDR ID 1)	Enter the complete physical address (street address, city, state, zip, and county). This address is always ADDR ID 1. This field is required for all requests and must be the address already on record unless the supplier is requesting to change their physical address. If the supplier is requesting to update their existing physical address, select the Physical Address line and enter the updated address in this field. The complete address is required for all requests. *DO NOT ENTER P O BOX AS PHYSICAL ADDRESS
MAILING ADDRESS (ONLY IF DIFFERENT FROM PHYSICAL ADDRESS)	Enter the complete mailing address (street address, city, state, zip, and county), if different from the physical address. If the supplier is requesting to add, change, or correct the existing mailing address, select the Mailing Address line and enter the updated address in this field. The complete mailing address is required when updating the mailing address. *P O BOXES ARE PERMITTED*
PAYMENT REMIT TO ADDRESS (ONLY IF DIFFERENT FROM PHYSICAL AND MAILING ADDRESSES)	If different from the physical or mailing addresses, enter the complete payment remit to address (street address, city, state, zip, and county). Select the Payment Remit To address and enter the address where the supplier wants their payments mailed to. If the supplier is requesting to add, change, or correct their existing payment remit to address, select the Payment Remit To Address line and enter the updated address in this field. The complete mailing address is required when updating the mailing address. *P O BOXES ARE PERMITTED

FIELD	DESCRIPTION
CONTACT'S NAME (REQUIRED FOR PAYMENT)	Enter the business contact person's first and last name. *NOT REQUIRED FOR INDIVIDUALS*
CONTACT'S TITLE REQUIRED	Enter the business contact person's title. *NOT REQUIRED FOR INDIVIDUALS*
CONTACT'S EMAIL ADDRESS (REQUIRED)	Required for all requests. To add/change/correct a contact email address, enter the <u>new or correct</u> email address in this field and submit the request as an address change request.
PRIMARY PHONE # (REQUIRED)	The supplier's primary phone number is required for all requests. The supplier must indicate whether the Primary Phone is a landline or a cell phone.
CONTACT'S PHONE # (REQUIRED)	Enter the direct number of the authorized business contact person. If requesting to add or change a contact's phone number, submit as an address change request and enter their new contact phone number. The supplier must indicate whether the Contact Phone is a landline or a cell phone.
DRIVER'S LICENSE # DL STATE	Optional. Additional information may be requested after the initial request. FOR INDIVIDUALS ONLY.

SECTION 2 BANK ACCOUNT INFORMATION

The supplier **MUST** complete this section in its entirety to receive payments via Automated Clearing House (ACH). ACH payments are required for all **new and reactivating suppliers**. Also, complete this section to add additional bank information or to change existing bank information.

FIELD	DESCRIPTION
I DO NOT WISH TO PROVIDE BANKING INFORMATION	Required if the supplier does not elect to receive their payments via ACH, the supplier should select this option to receive a paper check.
ACH IS NOT APPLICABLE FOR THE CHANGE REQUEST	Required if the supplier already receives payment via ACH, the supplier should select this option.
REPLACE REMITTANCE ADDRESS AT LOC # WITH ADDR ID # Submit as a bank change.	To change a Location's Remittance Address in TeamWorks if a supplier has multiple addresses, enter the Location # and the new Remittance Addr ID #. (Agency Liaison MUST complete when applicable)
REPLACE INVOICING ADDRESS AT LOC # WITH ADDR ID # Submit as a bank change.	To change a Location's Invoicing Address in TeamWorks if a supplier has multiple addresses, enter the Location # and the new Invoicing Addr ID #. (Agency Liaison MUST complete when applicable)
ADD NEW BANK ACCOUNT	If the supplier is requesting to receive payments via ACH or to add additional bank account information for a Specific Purpose. The supplier MUST select this option
CHANGE EXISTING BANK ACCOUNT	If the supplier is requesting to change their existing ACH bank information, the supplier MUST select this option. Changing bank information can result in a supplier no longer being able to receive payment via ACH.
ENTER LOC # (Agency Liaison MUST complete when applicable)	When a supplier requests to change existing bank account information, the Agency Liaison MUST enter the Location # where the EXISTING bank information is found in the State's financial system.
NAME EXACTLY AS LISTED ON BANK ACCOUNT	Required. Enter the name that is listed on the bank account.
BANK NAME	Required. Enter the name of the bank where payments will be sent.
ROUTING #	Required. MUST be 9-digits.
NEW BANK ACCOUNT #	Required.
LAST FOUR DIGITS OF PREVIOUS BANK ACCOUNT#	Enter the last 4 digits of the bank account number previously provided for payments. Required for Existing Bank Account Changes Only.
GENERAL BANK ACCOUNT	Required, if <u>ALL PAYMENTS</u> from <u>ALL AGENCIES</u> should be deposited into the bank account provided.
SPECIFIC PURPOSE/DESCRIPTION	Required, if <u>SPECIFIC PAYMENTS</u> are expected from a <u>SPECIFIC AGENCY</u> designated for a <u>SPECIFIC PURPOSE</u> such as grants, operating accounts, Pre-K, etc.
PYMT REMIT EMAIL ADDRESS	Optional, but RECOMMENDED to receive notification of details of payment(s) processed. Enter the email address where to receive payment notifications. To add or change a payment remit email address for existing bank information, submit as a bank change request. *DO NOT ENTER MAILING ADDRESS*
PRINTED NAME OF COMPANY OFFICER	Required for banking requests
SIGNATURE OF COMPANY OFFICER	Banking requests must include one of the following types of signatures: the electronic signature embedded in the SCR form, a DocuSign signature, an ink (wet) signature, or another valid electronic signature accompanied by validation marks.
DATE	Required for banking requests. The date cannot be more than 60 days old from the date SAO receives the SCR.

SECTION 3 – DIVERSITY IDENTIFICATION (REQUIRED)

This section **MUST** be completed to properly classify the supplier. There are (3) certifications under this section. Minority businesses must include their Disadvantaged Business Enterprise (DBE) Certification and proof they have registered with Team Georgia Marketplace with all requests.

BUSINESS CERTIFICATIONS	
*GA SMALL BUSINESS	Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.
** GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for atleast one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.
WOMEN OWNED	Women-owned businesses are not considered minority businesses in the State of Georgia.
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".

MINORITY BUSINESS ENTERPRISE (51% OWNERSHIP)	
MINORITY BUSINESS ENTERPRISE	Non-certified companies that are 51% owned by a minority.

VETERAN-OWNED SMALL BUSINESS (Check All That Apply)	
VETERAN-OWNED SMALL BUSINESS	"A Veteran Business Enterprise (VBE) or a Service Disable Veteran Business Enterprise (SDVBE) are state-level designations for small businesses 51% owned and operated by a United States Veteran. A United States Veteran must own or control 100% of the assets of a sole proprietorship, at least 51% of the equity interests in a partnership, at least 51% of the aggregate of all stock outstanding, at least 51% of the membership interests in a limited liability company, 100% of the control of a sole proprietorship, or at least 51% of the control of a general partnership."

SECTION 4 – REQUESTED CHANGES **REQUIRED**

FIELD	DESCRIPTION
1099 ELIGIBLE	Select 1099 Eligible to change a supplier that is NOT currently 1099 eligible to a 1099 eligible status. Select the type of 1099 form the supplier is to receive. Once a supplier is changed to 1099 eligible, they cannot become 1099 ineligible. The Agency Liaison is required to enter the Addr ID #.
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> physical, mailing, or payment remit to address. Enter either the complete physical, mailing, or payment remit to additional address in Section 1 of the form. The county is required.
CHANGE/CORRECT EXISTING ADDRESS	Select if changing a current physical, mailing, or payment remit to address. Enter the <u>new address</u> in Section 1 of the form.
ADDRESS ID # TO CHANGE (Agency Liaison <u>MUST</u> complete when applicable)	Required, if the request is to change the supplier's existing address. The Agency Liaison <u>must</u> enter the Address ID # of the existing address.
ADD/CHANGE PAYMENT ALT NAME OF AN EXISTING OR NEW ADDRESS	Select to add additional name on payments other than the names indicated in Section 1 of the form. SUBMIT AS AN ADDRESS REQUEST
PAYMENT ALT NAME	If adding an additional name to payments, enter the additional in this field as a Payment Alt Name. If requesting to change an existing Payment ALT name, enter the <i>new</i> Payment ALT Name.
CLASSIFICATION CHANGE	Select to change the supplier's Classification and select the new classification type. The Agency Liaison <u>MUST</u> select this option <u>ONLY</u> when applicable.
FEI/TIN CHANGE	Select to change the supplier's current tax ID number. Enter the <u>new number</u> in Section 1. If a supplier is 1099 eligible, their FEI/TIN cannot be changed. Contact the agency for the next steps.
Statewide Contract (DOAS Use Only)	This option is required for DOAS only. Select if the supplier is under an SWC or to identify a supplier as an SWC vendor.
HCM Vendor	Select to indicate the supplier is an HCM supplier. The Agency Liaison <u>MUST</u> complete <u>ONLY</u> when applicable.
DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate a supplier profile. Additionally, the supplier <u>MUST</u> provide a signed and dated letter justifying the deactivation. The justification document must include the supplier's contact information and supplier identification information.
REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile, or if the supplier was previously denied approval.
SUPPLIER NAME CHANGE	Select if changing supplier/business name. Enter the <u>new name</u> in Section 1 and submit a current updated W9.
OTHER	Select if the requested action is <i>not</i> listed in Sections 2 or 4. Must provide details in the 'Comments' field.

SECTION 5 – AGENCY LIAISON CERTIFICATION (AGENCY USE ONLY)

FIELD	DESCRIPTION
PRINTED NAME OF AGENCY LIAISON	Required.
SIGNATURE OF AGENCY LIAISON	Required. Must include one of the following types of signatures: the electronic signature embedded in the SCR form, a DocuSign signature, an ink (wet) signature, or another valid electronic signature accompanied by validation marks.
DATE	Required. The date cannot be more than 60 days old from the date submitted to SAO for processing.
B/U#	Required.

Select all items that pertain to this request. **If no selection is made, the form will be rejected.**

X – REQUIRED

X – OPTIONAL OR REQUESTED

FIELD	DESCRIPTION	FORMS TO SUBMIT			
		W-9 (the signature date can't be greater than 12 months from the date submitted)	SCR	VOIDED CHECK/ BANK LETTER	PROOF OF ADDRESS
FEI/TIN CHANGE	Select if changing FEIN/TIN. Enter the new number in Section 1 and submit a current updated W9 . <i>*If 1099 eligible, the FEI/TIN cannot be changed*</i>	X	X		
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter the new name in Section 1 and submit a current updated W9 .	X	X		
1099 ELIGIBILITY STATUS	Select to change a supplier that is NOT currently 1099 eligible to 1099 eligible.		X		
NON - 1099 APPLICABLE	Select to indicate supplier is not eligible to receive a 1099. Do not select if already 1099 eligible.				
1099 APPLICABLE	Select to change a supplier that is NOT currently 1099 eligible to 1099 eligible status.				
1099 ADDR ID# (Agency Liaison MUST enter the Address ID # where to mail 1099)	Enter the Addr ID # where to mail the Supplier's 1099. Required for 1099 eligible requests.				
1099-M/ENTER CODE (Agency Liaison MUST enter code)	Select, if requesting to make a supplier 1099 eligible who will receive a 1099-M form (excluding non-employee compensation). Enter the appropriate code in the Code field.				
1099-N/CODE	Select, if requesting to make a supplier 1099 applicable who will receive a 1099-NEC form for Non-employee Compensation. '01' is the only valid code for the 1099-N form.				
REACTIVATE SUPPLIER PROFILE	Select if: 1. requesting to reactivate an inactive supplier profile, OR 2. the supplier was previously denied approval	X	X	X	
DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate a supplier profile. Additionally, the supplier MUST provide signed and dated written justification.		X		

SECTION 4 – REQUESTED CHANGE(S) cont'd.

FIELD	DESCRIPTION	FORMS TO SUBMIT			
		W-9 (the signature date can't be greater than 12 months from the date submitted)	SCR	VOIDED CHECK/ BANK LETTER	PROOF OF ADDRESS
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> business address. Enter the additional address in Section 1 of the form.		X		X
CHANGE EXISTING ADDRESS	Select if changing a current address.				
ADDRESS ID # TO CHANGE (Agency Liaison MUST complete when applicable)	Required, if the request is to change the supplier's existing address. Agency Liaison must enter the Address ID number found in TeamWorks to change.				
PAYMENT ALT NAME	<i>SUBMIT AS AN ADDRESS REQUEST</i> 1. Complete if payments should have an additional name other than what is indicated in Section 2. If requesting to change the Payment ALT name, enter the new Payment ALT Name.		X		X
HCM Vendor	Required, for an HCM supplier.	X	X	X	X
Statewide Contract (DOAS Use Only)	This option is required for DOAS only. Select if the supplier is under an SWC or to identify a supplier as an SWC vendor.		X		
OTHER	Select if the requested action is not listed in Section 2. Must provide details in the 'Comments' field.	X	X	X	X

SECTION 5 – AGENCY LIAISON CERTIFICATION (AGENCY USE ONLY)

PRINTED NAME OF AGENCY LIAISON	Required.
SIGNATURE OF AGENCY LIAISON	Required. Must be an electronic signature embedded in the SCR or an ink signature.
DATE	Required. The date cannot be more than 60 days old from the date submitted to SAO for processing.
B/U#	Required.