



Non-Purchasing Vendor Maintenance Request Form

Use this form to request vendor maintenance for vendors that cannot be issued a contract or purchase order.

Maintenance Type

Select one of the three maintenance types listed below. Enter the vendor number if a change or deletion is needed.

☐ **Create a new vendor record.**

☐ **Specify the vendor account number you want changed.**

☐ **Specify the vendor account number you want deleted.**

Account Group

- | | | |
|--|------|--|
| <input type="radio"/> Payroll
Garnishment/
Benefit: | PAYR | <ul style="list-style-type: none">• Payments from third-party benefits vendors or garnishments that are processed through AASIS payroll.• Two- to five-digit account number that begins with a B. |
| <input type="radio"/> Board: | BOAR | <ul style="list-style-type: none">• Reimbursable accounts for Arkansas board and commission members.• Six-digit account number that begins with a one. |
| <input type="radio"/> Worker's
Compensation
Benefits: | WCBN | <ul style="list-style-type: none">• State employee Workers' Compensation claimants and/or their beneficiaries.• Seven-digit account number that begins with a five. |

Tax Information

Enter the vendor's federal [Employer Identification Number \(EIN\)](#) if the vendor needs one per the IRS. If the vendor does not need one per the IRS, enter their Social Security Number (SSN).

EIN **SSN**

Vendor Address Information

The vendor must provide a street address and/or PO box address for payment, shipping, and handling.

- If this is a request for a new record, enter the information in the *New* column.
- For a changed record, enter the prior information in the *Previous* column and new information in the *New* column.
- For a deletion, enter the information in the *Previous* column.

Each of the name fields has a 40-character limit. The street fields have a 60-character limit.

Previous (if requesting change or deletion)

Vendor's Name (Line 1 of W-9)

Vendor's Name Continued

DBA Name (Line 2 of W-9)

DBA Name Continued

Street Address Line 1

Street Address Line 2 (e.g., Building Name)

City

State

Street Address Zip Code

PO Box

PO Box Zip Code

New

Vendor's Name (Line 1 of W-9)

Vendor's Name Continued

DBA Name (Line 2 of W-9)

DBA Name Continued

Street Address Line 1

Street Address Line 2 (e.g., Building Name)

City

State

Street Address Zip Code

PO Box

PO Box Zip Code

Vendor Contact Information

Salesperson (Optional)

Telephone Number

Fax Number

Email Address

Payment Type

Select the payment type that you want to use. Direct deposit payments require additional documentation from the vendor.

- ☐ **Check or Warrant**
- ☐ **Direct Deposit**

Direct Deposit Information

Payment via direct deposit is encouraged. Please provide one of the following to validate ownership of the bank account:

- A copy of a voided, pre-printed check (cannot be a temporary check).
- A letter from the vendor's bank on bank letterhead. The letter must indicate account holder, bank routing number, bank account number, and it must be signed by a banking official, and preferably including title and contact information.
- A bank "Authorization for Direct Deposit" or similar bank-generated form. The form must indicate account holder, bank routing number, bank account number.

The submitted document must contain all the following information:

- Account holder's name
- Account number
- Routing number

Direct Deposit Maintenance Type: ☐ **Add** ☐ **Cancel**

Bank Name

Bank Routing # Bank Account #

Account Holder

Account Type: ☐ Checking ☐ Savings

Direct Deposit Maintenance Type: ☐ **Add** ☐ **Cancel**

Bank Name

Bank Routing # Bank Account #

Account Holder

Account Type: ☐ Checking ☐ Savings

1099 Reportable

See the [1099 Guidelines and Instructions](#) provided by the DFA Office of Accounting.

Exemption Code:

AASIS Partner Information

Leave these fields blank if you do not have Partner Information. If you use another vendor record for the vendor's address, check Physical Address or Payment Address and provide the vendor number.

☐ **Physical Address** ☐ **Payment Address** **Partner Vendor Number**

Minority Certification

The Arkansas Economic Development Commission (AEDC), Minority and Women-Owned Business Enterprise (MWBE) division will designate vendors as minority, women-owned, or service-disabled veteran-owned business enterprises. If you have questions about this designation or need a designation added/updated, contact the MWBE division of AEDC at VendorMaintenance@ArkansasEDC.com.

Agency Contact Information

Requester's Name

Email

Telephone #

Fax #

Agency Name

Purchasing Org. #

Agency Address

City

State

Zip Code

Requests for vendor maintenance should be emailed from the Agency Reviewing Official to AASIS-OSP@Arkansas.gov. A hardcopy [W-9](#), with pen & ink signature, is required and **MUST** be attached with this form.