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Printer Friendly Version

About Us Ohio Shared Services Vendor Forms

Accounts Payable To view PDF files, [download Adobe's free Acrobat Reader.](#)

Agency Integration
• [Dear State of Ohio Potential Vendor Letter \(OBM-7502\) \(PDF Version\)](#)
• [Vendor Information Form \(OBM-5657\) \(PDF Version\)](#)
• [IRS Form W-9 \(PDF Version\)](#)
• [IRS Form W-8ECI \(PDF Version\)](#)

Employment
• [Authorization Agreement for Direct Deposit of EFT Payments \(OBM-4310\) \(PDF Version\)](#)
• [State Employee Information Form \(OBM-3458\) \(PDF Version\)](#)
• [1099 Correction Duplicate Form \(OBM-7501\) \(PDF Version\)](#)

News & Resources

Contact Center Where To Send Your Forms

Enterprise Content Management (ECM) Ohio Shared Services strives to provide all of our customers with an exceptional customer service experience, or as we like to call it, Service First. To help us serve you better, please download and complete the forms and send them to:

Travel and Expense

Vendor Maintenance

Mail: Ohio Shared Services
PO Box 182880
Columbus, OH 43218-2880

General Information

Fax: 614.485.1039
Telephone: 614-338-4781 or
1.877.OHIOSS1 (1.877.644.6771)

Vendor Forms

Email: vendor@ohio.gov

eSupplier

Vendor FAQ For more information on Ohio Shared Services vendor forms, please submit an inquiry via our [contact us](#) page or call 614-338-4781 or 1.877.OHIOSS1 (1.877.644.6771).

Find It Fast For assistance with submitting invoices or any of the above forms by email or fax, the job aid provides step-by-step instructions:

• [Vendor Maintenance Submission Job Aid \(PDF Version\)](#)

Quick Tips

For Microsoft 2007, the Word forms contain macros and may require that you "Enable active content" via the Security Settings in Microsoft Word. To enable active content in Microsoft 2007:

- Click on the Name of the Form
• Select Open or Save
• Under the Toolbar, you may see the words, "Security Warning. Some active content has been disabled"
• Click Options
• Click Enable This Content

For instructions on enabling active content in earlier versions of Microsoft 2007, please review the help section in Microsoft Word or, download the PDF version of the form using the link above. You can email, fax, or mail the form to Ohio Shared Services. For your convenience, contact information is printed on the bottom of every form. If you experience difficulty using this feature, please contact Ohio Shared Services at 1.614.338.4781 or 1.877.OHIOSS1 (1.877.644.6771).

OHIO SHARED SERVICES Home | Privacy | Contact Us

OHIO.GOV State Agencies | Online Services



Re: Potential State of Ohio Vendor Registration

Please complete the following forms in order to register as a vendor and do business with the State of Ohio.

Vendor Information Form (OBM-5657-Rev.11/1/2011) - Please complete the Vendor Information Form in order to assure an accurate, up-to-date record of company information. Please verify that all fields are complete and the form has been signed. Electronic signatures are not accepted at this time. Additionally, please verify that information contained on the W-9 form matches that provided on the Vendor Information Form. Specifically, legal business name, taxpayer ID # (TIN), and business type/business entity.

IRS Form W-9 Request for Taxpayer Identification Number & Certification - Enclosed is IRS Form W-9, revised January 2011. Please complete all applicable sections of the document including taxpayer type, a valid tax identification number, and your signature. Electronic signatures are not accepted at this time. The information you provide must match how you are registered with the IRS. Instructions for completing the form are enclosed. Should you require additional assistance in completing the W-9 form, please contact the IRS at 1-800-829-1040.

Authorization Agreement for Direct Deposit of EFT Payments (OBM-4310-Rev.11/1/2011) - The preferred method of payment for the State of Ohio is EFT (Electronic Funds Transfer); please complete the Authorization Agreement for Direct Deposit of EFT Payments and include a current voided check or bank letter. Instructions are provided with the Agreement form.

Send the completed forms to:

**Vendor Maintenance
Ohio Shared Services
P.O. Box 182880
Columbus, Ohio 43218-2880**

**Fax: 614-485-1052
Email: vendor@ohio.gov**

We appreciate your assistance in this matter. If you have any questions, please contact Ohio Shared Services at 1 (877) OHIO - SS1 (1-877-644-6771) or 1 (614) 338-4781 or via our contact page at <http://www.ohiosharedservices.ohio.gov/ContactUs.aspx>.



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 - PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED) CHANGE OF CONTACT PERSON/INFORMATON
 ADDITIONAL ADDRESS - (A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED)
 CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)
- ADDRESS TO BE REPLACED:
- CHANGE OF TIN (W-9 & LETTER OF CLARIFICATION OF CHANGE, WHICH INCLUDES NEW & OLD TIN IS REQUIRED)
 CHANGE OF NAME (W-9 & LETTER OF CLARIFICATION OF CHANGE, MUST INCLUDES NEW & OLD NAME IS REQUIRED)
 CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER _____

SECTION 2 - PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

SECTION 3 - PLEASE PROVIDE COMPLETE ADDRESS

| | | |
|----------|--------|-----------|
| ADDRESS: | | COUNTY: |
| CITY: | STATE: | ZIP CODE: |

SECTION 4 - ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, PLEASE INCLUDE A SEPARATE SHEET)

| | | |
|----------|--------|-----------|
| ADDRESS: | | COUNTY: |
| CITY: | STATE: | ZIP CODE: |

SECTION 5 – CONTACT INFORMATION & PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEBSITE:

PHONE: FAX: EMAIL:

PREFERRED METHOD OF BEING CONTACTED: (CHECK ONE) PHONE EMAIL

SECTION 6 – INDIVIDUAL TO RECEIVE EMAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE EMAIL ADDRESS BELOW

NAME:

EMAIL: PHONE:

TO ADD AN ADDITIONAL OR REPLACE A STRATEGIC SOURCING CONTACT PERSON

ADDITIONAL CONTACT PERSON REPLACE CONTACT PERSON (WILL BE MARKED INACTIVE)

NAME:

EMAIL: PHONE:

SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY)

2/10 NET 30 NET 30 NET 45 NET 60 NET 90

SECTION 8 – PURCHASE ORDER DISTRIBUTION – OTHER THAN USPS MAIL

EMAIL OR FAX:

SECTION 9 – PLEASE SIGN & DATE

PRINT NAME:

SIGNATURE: (DIGITAL SIGNATURES NOT ACCEPTED AT THIS TIME; PRINT & SIGN) DATE:

SECTION 10 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/EMAIL/PHONE:

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

| | |
|---|--|
| SUBMIT FORM TO: | QUESTIONS? PLEASE CONTACT: |
| Mail: Ohio Shared Services Attn: Vendor Maintenance P.O. Box 182880 Cols., OH 43218-2880 | Phone: 1 (877) OHIO - SS1 (1-877-644-6771) 1 (614) 338-4781 |
| Email: vendor@ohio.gov | Website: www.ohiosharedservices.ohio.gov/ |
| Fax: 1 (614) 485-1052 | Email: vendor@ohio.gov |

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

SECTION 1

- Place a check mark to indicate the type of transaction.
- Enter the complete name and address of the company or individual participating in the EFT program. Enter your phone number & email address. When your email address is provided, you will receive an automated email notification stating your banking information has been added or updated in our system.
- Enter your Employer Identification Number or your Social Security Number (required).
- Check all that applies. If you are an ODJFS or DODD provider please check mark to indicate & add Provider Id Number or please specify, if you are a RSC-PCA, Lottery Winner, or All Other.

SECTION 2 (New Information)

- Please enter the new name and phone number of the financial institution authorized to conduct transactions, as it should be updated in our system.
- Please place a check mark to indicate the type of account to which funds are to be deposited.
- Enter the Account Number to which the EFT Transactions are to be deposited.
- Enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check or bank letter.

SECTION 3 (Old/Prior Information) Required if a CHANGE/UPDATE

- Please enter the name and phone number of the previous financial institution authorized to conduct your transaction. This should be the last EFT account information that was submitted to the state and is currently in our system.
- Enter the OLD/Prior Account Number to which the EFT Transactions were deposited.
- Enter the OLD/Prior financial institution's Transit Routing/ABA number in the spaces provided.

SECTION 4

- Please read all of the information listed in Section 4. Read & check mark the boxes to verify you have acknowledged the information. Then print your name, sign your name, and provide the date.
- Please attach a current voided check or bank letter (required).

NOTE: The bank letter must be on bank letterhead and signed by a bank representative. It must include the name on the account, type of account, routing number, & account number. Exceptions will be made for Prepaid Cards.



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

All parts of the form must be completed by the vendor. **Incomplete forms will be returned.** The information must be legible.
Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

| SECTION 1 | | | | | | | | | | | | |
|--|-------|-------|--|--|--|--|--|--|--|--|--|--|
| TYPE OF TRANSACTION: <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE/UPDATE <input type="checkbox"/> INACTIVATE | | | | | | | | | | | | |
| NAME OF COMPANY OR INDIVIDUAL | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | | | |
| PHONE | EMAIL | | | | | | | | | | | |
| FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN) | | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CHECK ALL THAT APPLY <input type="checkbox"/> RSC - PCA <input type="checkbox"/> ODJFS PROVIDER (PROVIDER ID NUMBER REQUIRED) | | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="checkbox"/> LOTTERY WINNER <input type="checkbox"/> DODD PROVIDER (PROVIDER ID NUMBER REQUIRED) | | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="checkbox"/> ALL OTHER: _____ | | | | | | | | | | | | |
| SECTION 2 - NEW FINANCIAL INFORMATION | | | | | | | | | | | | |
| NEW FINANCIAL INSTITUTION NAME | | PHONE | | | | | | | | | | |
| TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | | | | | | | | | | | |
| NEW ACCOUNT NUMBER | | | | | | | | | | | | |
| NEW TRANSIT ROUTING/ABA NUMBER | | | | | | | | | | | | |
| SECTION 3 - OLD/PRIOR FINANCIAL INFORMATION - MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT | | | | | | | | | | | | |
| OLD/PRIOR FINANCIAL INSTITUTION NAME | | PHONE | | | | | | | | | | |
| OLD/PRIOR ACCOUNT NUMBER | | | | | | | | | | | | |
| OLD TRANSIT ROUTING/ABA NUMBER | | | | | | | | | | | | |

SECTION 4 - READ THE AGREEMENT, SIGN, & DATE - DIGITAL SIGNATURES ARE NOT ACCEPTED AT THIS TIME

- Account changes must be reported to Ohio Shared Services thirty (30) days prior to the effective date.
- All EFT accounts are tied to an address in our system, a form is required for each address (if needed).

ATTENTION ODJFS PROVIDERS: It is the **provider's responsibility** to keep ODJFS **AND** Ohio Shared Services informed of any changes in order to receive important information regarding benefits and to remain qualified for payments. Information provided **must match** the information on file with Medicaid or your form will be returned. If you are uncertain, please contact Provider Enrollment at (800) 686-1516 or verify/ update the information in the MITS Medicaid Web Portal located at <https://ssopro.mits.odjfs.state.oh.us/prosecure/authtam/login?HOSTNAME=ssopro.mits.odjfs.state.oh.us>.

- The entity listed hereby authorizes the Ohio Office of Budget and Management (OBM) to initiate credit entries to its account in the financial institution identified above. Additionally, this form provides OBM the authority to debit any erroneous credit or transfers to the account in the amount of the transfer.
- This authority is to remain in effect until revoked by us in writing to Ohio Shared Services, a division of OBM.

- I have attached a copy of a current voided check or included a bank letter.
- ODJFS PROVIDERS – I have ensured the Name, Address, TIN, & Provider Number matches the information in the MITS Medicaid Web Portal.
- I have printed and signed the form.
- Preferred method of being contacted: (circle one) PHONE EMAIL

PRINT NAME

SIGNATURE (DIGITAL SIGNATURE NOT ACCEPTED AT THIS TIME; PRINT & SIGN) DATE

Attach a voided check here using tape or include a bank letter signed by a bank representative.

NOTE:

- The bank letter must include the Name on the Account, Routing Number, Account Number and Type of Account. This letter must be typed, not handwritten, on bank letterhead, and signed by a bank representative. Exceptions will be made for Prepaid Cards.
- All information on the current voided check **must be imprinted**; this includes the name, address, account and routing numbers. No information can be handwritten.
- We are **unable to accept** starter checks, deposit slips, or bank statements.
- The name and address on the form and the check/bank letter must match the information in our current vendor records &/or MITS.

Please note: This record is subject to public records requests under the laws of the State of Ohio. If you are a business entity that provides a social security number in place of a Federal Tax ID number, you are waiving any expectation of privacy and this record may be subject to disclosure.

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Attn: Vendor Maintenance
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E-mail: vendor@ohio.gov
Fax: 1 (614) 485-1052

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