



Dear Vendor:

The City of Hawthorne is pleased to announce the Electronic Funds Transfer (EFT) program for all vendors beginning January 1, 2024. The EFT program is designed to allow the City of Hawthorne the ability to transmit vendor payments in a timely, effective manner and is driven by various legislative actions regarding the use of electronic funds transfer (EFT) for most government agency payments. The City of Hawthorne, a local government entity, has established the EFT program as the preferred method of disbursement for all vendor payments.

The benefits to the business owner include convenience, elimination of lost/stolen checks, and available funds on the payment date. The City benefits by eliminating costs such as check stock and postage. **This program is mandatory**

Please fill out the Electronic Funds Transfer form and return it to us using the following options:

Mail: The City of Hawthorne
Attn: Accounts Payables
4455 W. 126th Street
Hawthorne, CA 90250

Email: acctspayable@cityofhawthorne.org

Please include a voided check if mailing your form in. If you wish to email us, please send a copy of your check. This is used to verify the correct account information.

Invoices received for payment will take a minimum of 3-4 weeks to process and will be mailed out the following day after the city's council meetings.

The City of Hawthorne wishes to thank you for your cooperation through this transition. We look forward to working with you.

Thank You,

Shuntell Dixon

Business License & A/P Manager



CITY OF HAWTHORNE, ACCOUNTS PAYABLES DEPARTMENT
 4455 w. 126TH Street, Hawthorne, CA 90250
 Tel: 310-349-2930 Fax: 310-978-9858
 acctspayable@cityofhawthorne.org

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

The City of Hawthorne is pleased to announce the Electronic Funds Transfer (EFT) program for all vendors beginning January 1, 2024. The EFT program is designed to allow the City of Hawthorne the ability to transmit monthly vendor payments in a timely, effective manner and is driven by various legislative actions regarding the use of electronic funds transfer (EFT) for most government agency payments. The City of Hawthorne, a local government entity, has established the EFT program as the preferred method of disbursement for all vendor payments. The benefits to the landlord include convenience, elimination of lost/stolen checks, and available funds on the payment date. The City benefits by eliminating costs such as check stock and postage.

INSTRUCTIONS

1. SS#/TAX IDENTIFICATION# (TIN): Enter Social Security Number or Tax Identification Number, whichever is applicable
2. TYPE OF ACCOUNT: Indicate whether you have a checking or savings account.
3. ACTION: Place an "X" in the appropriate space to indicate whether the action is "New", "Change", or "Cancel".
4. TRANSIT / ABA #: Enter your financial institution's 9-digit routing transit number. This number can be found at the bottom of your check (not deposit slip) or can be obtained from your bank or financial institution. Incorrect numbers will result in a delay in payment.
5. ACCOUNT #: Enter your account number. This number can be found to the right of the routing number located at the bottom of your check.
6. NAME ON ACCOUNT: Enter the legal name on the account to which payments are to be directed.
7. FINANCIAL INSTITUTION INFORMATION / BRANCH (if applicable): Enter the name of the institution to which payments are to be directed. Enter the branch name, if applicable. Also include the complete address with city, state, and zip code.
8. SIGN AND DATE: Sign and date the form. Please include a current telephone number with area code and extension, if applicable.

1. SS# / TIN#: ..		2. TYPE OF ACCOUNT:	
3. ACTION:	NEW	EMAIL ADDRESS:	
4. TRANSIT / ABA #		5. ACCOUNT #:	
6. NAME ON ACCOUNT:			
7. FINANCIAL INSTITUTION:		BRANCH:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:

I, the undersigned, hereby authorize the City of Hawthorne to initiate credit entries of vendor payments due to me by electronic fund transfer (EFT) to my account listed above at the depository ("Bank") named above. This procedure for direct deposit of vendor payments is in lieu of the check I would otherwise receive.

I will not hold the City of Hawthorne, its agents, or affiliates responsible for any delay, loss, or misapplications of funds (1) due to incorrect or incomplete information supplied by me or failure of my depository to correctly credit my account or (2) due to any act or omission(s) by any outside entity (automated clearinghouse or financial institution). I understand that an unforeseen delay in computer downtime, power outages, or other unavoidable occurrences might affect the date of deposit of funds to my account. I hereby waive any liability due to such delay.

This authorization is to remain in full force and effect until the City of Hawthorne Accounts Payables Department receives written notification of its termination from me.

 Signature Date Telephone / Extension

PRIVACY ACT STATEMENT

The collection of the information are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential. *1 is needed to prove entitlement to payments. The information will be used to process payment data from the City of Hawthorne to the financial institution and/or its agent COI-IF-EFT (01/08/24)

Please return this form via mail with a voided check or email us with a scanned copy of the form and a voided check.



CITY OF HAWTHORNE

4455 W. 126TH Street

Hawthorne, CA 90250

Acctspayable@cityofhawthorne.org

Vendor Update Form

Business Name: _____

Vendor Number: _____

Contact Person: _____

Business Address: _____

Business Telephone #: _____

Fax Number: _____

Email Address: _____

Please email form to: Acctspayable@cityofhawthorne.org

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)			
	2	Business name/disregarded entity name, if different from above.			
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____				
	3b		If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
	6	City, state, and ZIP code			
7	List account number(s) here (optional)				

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number																					
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they