

CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

Company _____

Address _____

General Information

Contractor Type Individual Business

Contractor Name _____

Address _____

City, State, Zip _____

Email Address _____

Social Security No./
Employer Identification No. _____

Have Contractor complete Form W-9 and keep on file

Authorization of Direct Deposit

Bank Name _____ City _____ State _____

Routing/Transit # (9-digits) _____ Account # _____

[] Checking [] Savings [] Other

ATTACH A VOIDED CHECK

I hereby authorize Company to direct deposit any amounts owed me by initiating credit entries into my account at the financial institution listed above. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full effect until Company has received written notice from me of its termination in such time and manner as to afford Company reasonable opportunity to act on it.

Signature _____ Date _____

Pay Information

Has this contractor already been paid this calendar year? Yes No

If yes, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

Compensation amount \$ _____ Reimbursement amount \$ _____