STATE OF MISSOURI
OFFICE OF ADMINISTRATION

SUPPLIER INPUT/ACH-EFT APPLICATION

State Fair 2026

Suppliers will need to visit www.MissouriBUYS.mo.gov to complete the Self-Service Registration.

***Required Fields**

*NAME *AS SHOWN ON FEDERAL TAX RETURN	☐ *FEIN ☐ *SSN
*ADDRESS	*TAX ORGANIZATION TYPE ☐ INDIVIDUAL/SOLE PROPRIETORSHIP OR SINGLE-MEMBER LLC ☐ LIMITED LIABILITY COMPANY – C CORPORATION ☐ LIMITED LIABILITY COMPANY - PARTNERSHIP ☐ LIMITED LIABILITY COMPANY – S CORPORATION ☐ OTHER: FEDERAL TAX EXEMPT/NON-PROFIT ☐ OTHER: GOVERNMENT ENTITY ☐ BENEFIT CORPORATION (B CORP) ☐ TRUST/ESTATE ☐ C CORPORATION ☐ FOREIGN ☐ S CORPORATION ☐ STATE EMPLOYEE ☐ PARTNERSHIP
*EMAIL	
NAME REMIT TO IF DIFFERENT THAN ABOVE	
ADDRESS	
EMAIL	
COMMENTS	

DATE OF CHANGE		
PREVIOUS TAXPAYER ID		
PREVIOUS NAME		
PREVIOUS ADDRESS		
HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES?	☐ YES	☐ NO
IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?	☐ YES	☐ NO
IF YOU ANSWERED YES ABOVE, MAY WE SHARE YOUR CONTACT INFORMATION WITH THE MISSOURI VETERANS COMMISSION IN ORDER TO PROVIDE YOU WITH INFORMATION REGARDING AVAILABLE VETERANS BENEFITS AND SERVICES? GENERAL INFORMATION MAY ALSO BE FOUND ON THE MISSOURI VETERANS COMMISSION'S WERSITE.	☐ YES	☐ NO

TO BE COMPLETED BY FINANCIAL INSTITUTION

NAME/ADDRESS OF FINANCIAL INSTITUTION	
DEPOSITOR ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER	
NAME ON ACCOUNT	
TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS	
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION	
PRINT NAME	TITLE
TELEPHONE NUMBER	DATE

☐ I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.

☐ I (We) herby cancel my (our) ACH/EFT authorization.

*SUPPLIER SIGNATURE	
*PRINT SUPPLIER CONTACT NAME	*TITLE
SUPPLIER CONTACT EMAIL ADDRESS	
*SUPPLIER CONTACT TELEPHONE NUMBER	*DATE

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) ☐ **Exempt from Backup Withholding**

Under penalties of perjury, I certify that:

I. 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**

II. 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**

III. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item **II** 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 all real estate transactions, item **II** 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 W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

FAX COMPLETED FORMS TO (573) 526-9813 or
MAIL TO OFFICE OF ADMINISTRATION/ACCOUNTING, PO BOX 809, JEFFERSON CITY, MO 65102