

STACI BRADY CARROLL COUNTY AUDITOR

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ACCOUNTS PAYABLE VENDOR - NEW & CHANGES

Red Asterix * or Red Box Indicates Required fields.

Blue Boxes are optional, and should only be completed IF the information is a request to change.

NOTES: All New Vendor Requests require a completed W-9 form.

 $If\ Individual, and\ not\ a\ County\ Employee,\ requires\ OPERS\ Idependent\ Contractor\ form\ to\ be\ submitted\ with\ new\ vendor$

requests.

Check the type of request from the options below *

New Vendor Setup Updated W-9 Received New Corporate Address (Matches W-9)

New Remittance Address Add Direct Deposit Other (Comment below)

General Vendor Inoformation

Vendor # leave blank if NEW **Type**

MAIN

Contact Information

Company Name (enter EXACTLY as listed on W-9):

Individual: Last First MI

Company:

Doing Business As (DBA):

Corporate Address (as listed on W-9):

Address 1 Address 2

Zip Code City State Country

Email Fax Website

Remit Address (requires additional VENDOR documentation such as copy of bill):

Address 1 Address 2

Zip Code City State Country

Payment Information

Printed Check Electronic Fund Transfer (ACH) *attach Direct Deposit Enrollment form with Banking Info

Vendor # leave blank if NEW **Type**

Contact Information

 ${\sf SSN}$

FID

DUNS

Independent Contractor

Miscellaneous

check if applicable Separate checks Payroll Employee #

Contacts

Type Name Telephone Email

REQUESTED BY

Department: Department Contact Name:

Department Notification Email to return information to:

Email Completed Form to Auditor's Office ctimmerman@carrollcountyohio.us

Form Effective Date: September 12, 2025 Last Updated: September 12, 2025