Modification to Existing Supplier Records

Please return completed form to the State Agency from which you are requesting payment.

*Denotes required field

*Supplier Name _____ *Supplier TIN _____

This form is to be completed by the supplier if one or more of the following have changed:

1. Change of remittance address.
2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
3. Change of Supplier Name.

Please complete the applicable sections below. An Authorized U.S. Signature is required for processing.

Section 1

CHANGE FROM: Remittance Address	**CHANGE To:** Remittance Address
***Address Line 1:**	***Address Line 1:**
Address Line 2:	**Address Line 2:**
***City** ***State** ***Zip (9 digit)**	***City** ***State** ***Zip (9 digit)**
***County**	***County**

Note: If you would like to receive your payments electronically, please complete the **Supplier Electronic Payment Form.**

Section 2

***CHANGE FROM**: SSN, EIN or ITIN	***CHANGE TO**: SSN, EIN or ITIN

Section 3

CHANGE FROM: Supplier Name	**CHANGE TO:** Supplier Name
*Legal Name	*Legal Name
Business Name/DBA/Disregarded Entity Name, if different from Legal Name:	Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

Printed Name: _____ **Signature:** _____

Printed Title: _____ **Date:** _____