

**INSTRUCTIONS TO VENDOR**

Thank you for your interest in doing business with **Okaloosa Gas District**. Please return the completed form and required documentation to one of the following:

**Mailing address:**

Attn: Diana Le-Hawkins / AP  
Okaloosa Gas District  
P.O. Box 548  
Valparaiso, FL 32580-0548

**Email address**

dianale-hawkins@okaloosagas.com  
**Phone:** 850-729-4732

**Send Invoices to:** invoices@okaloosagas.com

**This form must be completed and returned before payment will be issued to you.**

**Please do not write in the areas marked OGD USE ONLY**

**Vendor Registration**

(Please print)

Vendor Name \_\_\_\_\_

Make checks payable to: \_\_\_\_\_

Mail checks to: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact name \_\_\_\_\_ Additional Contact Name \_\_\_\_\_

E-mail address \_\_\_\_\_ Web address \_\_\_\_\_

Describe the type of products/services your company provides to the District:  
\_\_\_\_\_

Tax ID type:  Fed tax ID  SSN Tax ID # \_\_\_\_\_

Vendor type:  Business  Individual  Miscellaneous  1099? (OGD USE ONLY)

**PURCHASE ORDER INFORMATION**

If same as above, check here. If different, please complete this section:

Address \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Name \_\_\_\_\_

E-mail address \_\_\_\_\_ Web address \_\_\_\_\_

**VENDOR TERMS**

Discount code \_\_\_\_\_ Discount % \_\_\_\_\_ No. of days \_\_\_\_\_ Net due \_\_\_\_\_

Day of month discount \_\_\_\_\_  Due last day of month  Always take discount

**REQUIRED DOCUMENTATION TO BE SUBMITTED WITH VENDOR REGISTRATION**

W-9?  Yes  No **IF NO, STOP HERE. W-9 REQUIRED, NO EXCEPTIONS.**

Business License(s):  Yes  No *If no, please explain* \_\_\_\_\_

City/County/State Issued \_\_\_\_\_ License # \_\_\_\_\_

**Proof of Insurance:**

Worker's Comp  Yes  No  Exempt (*If exempt, submit exemption certification*)

General Liability  Yes  No  
*If no, please explain:* \_\_\_\_\_

Automobile Liability  Yes  No  
*If no, please explain:* \_\_\_\_\_

**VENDOR CLASSIFICATION**

Minority Status: \_\_\_\_\_ Registered Minority w/State of FL?  Yes  No

State of FL Minority ID# \_\_\_\_\_ Registered Minority w/other agencies? \_\_\_\_\_

Small business  Woman owned business  Minority owned business

Veteran Owned, SBA (8)A

# of Employees \_\_\_\_\_ NAICS or SIC Code \_\_\_\_\_ NIGP Code \_\_\_\_\_  N/A

Your Name \_\_\_\_\_ Your Title \_\_\_\_\_  
(Please Print)

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**OGD USE ONLY**

**Vendor Type:**

CONTRACTOR (CONT) \_\_\_\_\_  SUPPLIER (SUPP) \_\_\_\_\_  Other \_\_\_\_\_

Required documentation received  Set Up in Contract Analyst by \_\_\_\_\_

Contract Analyst Vendor # \_\_\_\_\_  Completed VRF to A/P on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received by Accounts Payable \_\_\_\_\_ Date \_\_\_\_\_ H.T.E. Vendor # \_\_\_\_\_



## Okaloosa Gas District

### ACH/EFT DIRECT DEPOSIT

January 15, 2025

Okaloosa Gas District Vendors,

Okaloosa Gas District provides vendors the option to receive payments via direct deposit. Payments are processed electronically through ACH and transferred directly into the vendor's bank account.

- Direct deposit is Quick- No mail times, funds are immediately available on deposit
- Convenient- No cost and no worry about getting to the bank to make a deposit
- Secure- No paper checks to handle, it won't get misplaced, lost, or stolen
- Reliable- Tested with a one-cent deposit before it starts

If you are interested in setting up direct deposit, here is the process;

1. Read the Terms and Conditions
2. Fill out the Direct Deposit Payment Authorization Form
3. Attached a voided check from the account you want the deposit sent to.  
Alternatively, you may obtain a letter from your financial institution on their letterhead confirming the account's name, bank routing number, and bank account number.
4. Email the authorization form to Accounts Payable: [dianale-hawkins@okaloosagas.com](mailto:dianale-hawkins@okaloosagas.com)
5. Okaloosa Gas will notify you by e-mail that a test payment of one cent was sent to your account.
6. Verify the one-cent deposit appears in your account.
7. Reply to our e-mail that you confirmed receipt of the one-cent deposit.

If you have any questions on how to prepare the form, please contact Diana Le-Hawkins in Accounts Payable at (850)729-4732 or Email: [dianale-hawkins@okaloosagas.com](mailto:dianale-hawkins@okaloosagas.com)

Sincerely,

*Diana Le-Hawkins*

Accounts Payable Specialists, Sr.

Phone\* 850-729-4732

Enclosure

Terms and Conditions for Direct Deposit Participation

Direct Deposit Payment Authorization Form

## **Terms and Conditions for Direct Deposit Participation**

Please Read This Carefully

The bank account information will remain confidential to the extent provided by law and necessary to make Direct Deposit payments. The requested information is required for processing payments through Direct Deposit. Payees (recipients) who are not active vendors in Okaloosa Gas District's financial system must also submit a W-9.

This form authorizes Okaloosa Gas District, to initiate credit and, if necessary, debit entries and adjustments for any credit entries made in error to the account indicated, at the depository financial institution named, and to credit or debit the same from such account. This authority will remain in effect until canceled in writing. Further, the origination of Automated Clearing House (ACH) transactions to the account must comply with the provisions of state and federal law and regulations.

### **Information Found on Checks**

Most of the information needed to complete this form is printed on your checks. Be sure that the payee's name is written exactly as it appears on the check. Direct deposits will not be made to an account held in a different name from the payee. Be sure the current address is shown.

### **One-Cent Pre-notification**

We will initiate a one-cent pre-notification to your financial institution before making payments based on this authorization. The pre-notification is a test deposit to your financial institution to verify the accuracy of the account and transit routing numbers provided and entered into our system. We will also send an e-mail confirming that the pre-notification has been sent. Once the one-cent pre-notification is deposited into the designated account, please respond to the e-mail confirming that the one-cent was received. Vendor payments will start only after we receive the e-mail confirming the one-cent deposit. If a correction is returned to us by your financial institution, the process will be repeated with the corrected information.

### **Cancellation**

This authorization remains in effect until canceled by the payee by written notice to Okaloosa Gas District, Accounts Payable, P.O. Box 548, Valparaiso, FL 32580-0548. Upon cancellation by the payee, the payee should also notify the receiving financial institution that the authorization has been canceled. Additionally, Okaloosa Gas District expressly reserves the right to discontinue Direct Deposit at any time.

This authorization may be canceled by the financial institution by providing the payee a written notice 30 days in advance of the cancellation date. However, a cancellation by the financial institution for reason of fraud shall be effective immediately. The payee must immediately advise Okaloosa Gas District if the authorization is canceled by the financial institution.

Violation of these terms and conditions may cause, at a minimum, termination of participation in Direct Deposit.

### **Financial Institution Information and Certification**

Provide the payee's account number, and account name or title exactly as they appear in the financial institution's records.

If the financial institution acts as an agent for the payee and the accounts are not checking or savings accounts, the payee and financial institution should provide explicit written instructions (unique prefix, alpha character, etc.) on letterhead as an attachment to the authorization form.

### **Changing Recipient's Financial Institution**

The payee's direct deposit authorization will remain in effect until withdrawn in writing with sufficient notice to Okaloosa Gas District to allow adequate time to effect termination. Okaloosa Gas District will not be responsible for any loss which may arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Payment Authorization form.

If the payee or authorized representative changes their financial institution, the payee must provide written notification to Okaloosa Gas District. Any changes to the existing direct deposit authorization, such as the bank account number, will cause the original authorization to be canceled. A new Direct Deposit Payment Authorization form must be completed to re-enroll. It is recommended that the payee maintain the previously authorized account until the transition is complete, i.e., after the payee verifies receipt of the one-cent pre-notification in accordance with the new authorization instructions



Okaloosa Gas District

# OKALOOSA GAS DISTRICT DIRECT DEPOSIT PAYMENT AUTHORIZATION FORM

### Directions

- Form must be completed in ink and must be clear and legible.
- Assistance is available by calling: Diana Le-Hawkins: at (850) 729-4732 or email:dianale-hawkins@okaloosagas.com
- Payees must inform Okaloosa Gas in writing of any changes in the payee information provided.

				<b>NEW ENROLLMENT</b>								<b>REVISION: (A CHANGE IN AN EXISTING ENROLLMENT)</b>																							
<b>Payee Name (Entity Name, or if an individual, Last, First, Middle Initial)</b>										<b>Federal Tax ID# / SSN</b>																									
<b>Address:</b>						<b>City</b>				<b>State</b>				<b>Zip Code</b>																					
<b>Contact Person's Telephone:</b>								<b>Contact Person's Email (needed for notification of deposit):</b>																											
<b>Name Of Financial Institution:</b>																																			
<b>Address:</b>						<b>City:</b>				<b>State:</b>				<b>Zip</b>																					
+																																			
<b>Routing Transit Number</b>							<b>Checking Account Number</b>																												
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An original voided check must be returned with this form							Alternatively, attach a letter from your financial institution on their letterhead, signed by their authorized representative that confirms your name on the bank account, routing number, and account number.																												
<b>Authorizing Signature:</b> By signing this form, I authorize EFT payments to be sent to the financial institution named above account. I have read and accept the Terms and Conditions for Direct Deposit Participation.																																			
<b>Payee or Payee Agent Signature</b>										<b>Date Signed:</b>																									
<b>Payee or Payee Agent Name (Print)</b>										<b>Payee or Payee Agent Title</b>																									

**Email completed and signed Form with voided check/deposit slip or bank letter to:**  
**dianale-hawkins@okaloosagas.com**  
 Mail: Okaloosa Gas District  
 Attn: Diana Le-Hawkins,  
 PO Box 548, Valparaiso, FL 32580

For deposit to a checking account, write VOID on an unused check and attach the voided check here

For a savings account, attach an unused signs account slip here.

Alternatively, attach a letter from your financial institution on their letterhead, signed by their authorized representative that confirms your name on the bank account, routing number, and account number.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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.

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

Social security number																					
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## 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.

<b>Sign Here</b>	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](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b>	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.)  <b>OKALOOSA GAS DISTRICT</b>		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <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) _____ <b>Note:</b> 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 checked="" type="checkbox"/> Other (see instructions) <b>FLORIDA INDEPENDENT SPECIAL DISTRICT</b>	<b>4</b>	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>
	<b>3b</b>	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"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. <b>511 GOVERNMENT AVE / PO BOX 548</b>	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code <b>VALPARAISO, FL 32580</b>		
	<b>7</b>	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.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										
5	9		-	6	0	1	4	1	6	6

**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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person	Date <b>11/13/25</b>
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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](http://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



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8012646304C-1	10/31/2022	10/31/2027	COUNTY GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

OKALOOSA GAS DISTRICT  
364 VALPARAISO PKWY  
VALPARAISO FL 32580-1204

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.