

PROCESS FOR VENDOR SET-UP


CSUN Foundation has created an electronic version of California Form 204, which is required to be completed before the procurement or payment of goods and services. This process provides the required information regarding the vendor, their tax status and information, and residency information. No transaction with CSUN Foundation can take place until this form has been completed and the information added to our accounting system.

You will only complete this process once before your **first transaction**.

VENDOR DATA FORM:

1. Proceed to the CSUN Foundation website:
<https://www.csun.edu/foundation/forms-and-policies>
2. Utilize the **Vendor Data Record** link under Additional Forms:

Additional Forms

- [Corporate and Foundation Proposal Submission Form](#)
- [Direct Deposit Form](#)
- [Event Proposal Submission Form](#)
- [Guest Performer/Lecturer/Service Provider Form](#)
- [Hospitality Expense and Request for Alcohol Use Form](#)
- [Independent Contractor- Request Form](#)
- [Independent Contractor- Hold Harmless/Waiver/Release](#)
- [Invoice Request For Auxiliary](#)
- [Vendor Data Record](#) 

The Vendor Data Record form is completed on-line to retain the information securely given the sensitivity of the data provided by each vendor. CSUN maintains this information in a secure database.

During this process, you will also have the option to enroll in **Direct Deposit**. CSUN Foundation strongly encourages the use of direct deposit for payments. It is efficient and effective to ensure timeliness. As such, please check the box to indicate your intention to enroll, and a new tab, Direct Deposit, will appear. That tab will need to be completed alongside the Vendor Data Form, which is the tab marked "Form."

Form	Direct Deposit	Data Sheet	Instructions
CSUN Foundation			
A completed Payee Vendor Record, STD. 204, is required for payments to all non-government entities and will be kept on file at each State agency.			
CSUN Foundation also offers direct deposit. Do you want to enroll?*			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Important: Please complete the Direct Deposit tab to complete your direct deposit enrollment.			

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Vendor Data Form – Section 1 (Vendor Name and Address)

You will either complete BUSINESS NAME **or** FIRST NAME, MIDDLE INITIAL, and LAST NAME. If you are an individual, you will complete the name fields. If you are a business or organization, you will complete the BUSINESS. You will complete **either** the single box with your BUSINESS NAME or the three boxes with your FIRST NAME, MIDDLE INITIAL, and LAST NAME. For businesses, you will add the appropriate vendor contact in Section 5.

Section 1: Vendor Name & Address		
Please enter your Business Name OR your full name.		
Business Name <input type="text"/>	Phone Number * <input type="text"/>	Fax Number <input type="text"/>
First Name <input type="text"/>	Middle Initial <input type="text"/>	Last Name <input type="text"/>
Email Address * <input type="text"/>		

Complete each of the Sections 1 – 4 with the appropriate information. Please note a red asterisk indicates a mandatory field.

Vendor Data Form – Section 5 (Certifying Signature)

Please input the relevant information in this section prior to affixing your electronic signature. For individuals, you will enter your name again as well as phone number and e-mail address. For Title, individuals can utilize ‘Owner.’ For Businesses, the information in this section should relate to the primary business contact (name, telephone, and e-mail).

Section 5: Certifying Signature		
I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify California State University, Northridge.		
Authorized Vendor Representative Full Name * <input type="text"/>	Title * <input type="text"/>	Email Address * <input type="text"/>
Phone Number * <input type="text"/>	Fax Number <input type="text"/>	
Signature * <input type="text"/>	Date Signed <input type="text"/>	

Please note that the Vendor Data Form and Direct Deposit Form are submitted simultaneously, so you will want to “SUBMIT” once both forms are completed.

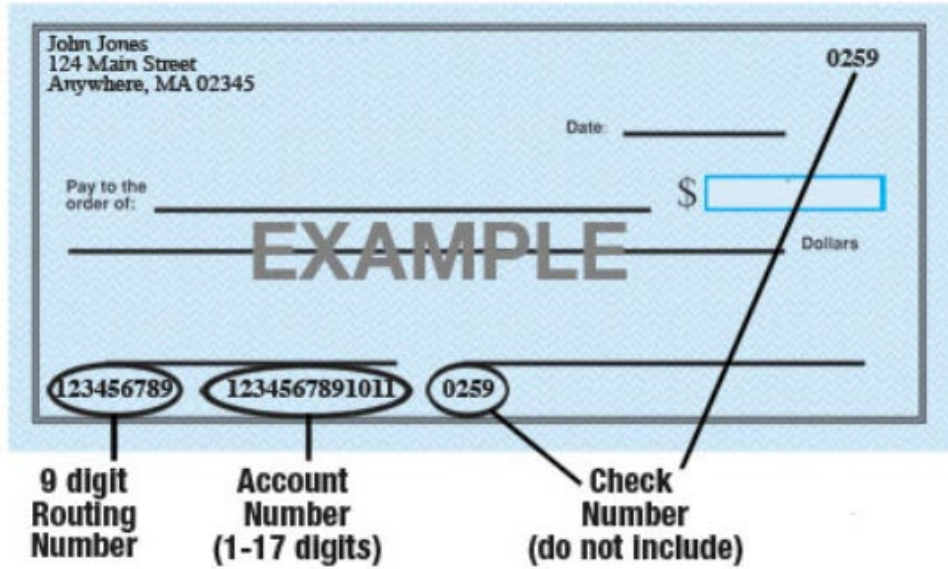
To complete the Direct Deposit form, click on the tab.

Please complete the Payee Information tab with the relevant information. Please note the name, telephone, and e-mail address is required. An e-mail will be sent to that e-mail address each time the CSUN Foundation initiates a payment.

Payee Contact Information	
Name * <input type="text"/>	
Address (Street or P.O. Box No.) <input type="text"/>	
City <input type="text"/>	State <input type="text"/>
	Zip Code <input type="text"/>
Phone Number * <input type="text"/>	Email Address * <input type="text"/>
For Businesses, Primary Contact <input type="text"/>	

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You will need the information about your bank account (name of bank, routing number (referred to as the ABA number), and your account number). Please use a blank check to obtain this information, not a deposit slip.



Bank Information

Account Type *

Checking Saving

Bank Name *

Routing Number *

Account Number *

Once you have inserted the required information, please sign at the bottom as indicated.

Please note that the Vendor Data Form and Direct Deposit Form are submitted simultaneously, so you will want to "SUBMIT" once both sheets are completed.