

NAVAJO NATION, DEPARTMENT OF DINE' EDUCATION  
Navajo Head Start

HVAC Services – Tuba City District

RE-BID

RFP NO: 22-09-2891LE

**PROPOSAL DUE DATE:** August 18, 2023

**DESCRIPTION:** Navajo Head Start is seeking proposals from qualified firms and/or individuals to provide HVAC services.

**CONTACT PERSON:** Lavine J. Roan, Principal Contract Analyst  
[lavineroan@nndode.org](mailto:lavineroan@nndode.org)  
Phone: 928-871-7061

**~ RETURN PROPOSALS CLEARLY MARKED ~**

**RE-BID RFP # 22-09-2891LE – Head Start HVAC Services – Tuba City District  
“DO NOT OPEN”**

**PLEASE INCLUDE YOUR COMPANY NAME AND ADDRESS ON THE PROPOSAL PACKAGE.**

**PROPOSAL & BID SUBMITTAL DEADLINE AND RELEVANT INFORMATION:**

All proposals and bids delivery using UPS or Federal Express must be physically submitted to:

**PHYSICAL ADDRESS:** Navajo Head Start  
SW of US Highway 264 & Indian Route 12, Suite #2A  
Window Rock, Arizona 86515  
ATTN: Lavine J. Roan, Principal Contract Analyst

**MAILING ADDRESS:** Navajo Head Start  
P.O. Box 3479  
Window Rock, Arizona 86515  
ATTN: Lavine J. Roan, Principal Contract Analyst

## SECTION I

### **RESPONDENT REQUIREMENTS:**

All respondents must have, at a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the **additional forms required in Section II**. Respondent should also provide technical information of delivery of services required in this RFP.

Navajo Head Start (NHS) is seeking proposals from qualified firms and/or individuals to provide HVAC services, replace new units, air vents, duct services and general routine repairs/maintenance.

Any upgrades need to comply with The Head Start Performance Standards, Model Tribal Head Start Health and Safety Codes, OSHA standards and other applicable building and safety codes to ensure the health and safety of all building occupants.

### **Scope of Work:**

The contractor shall provide personnel who are certified in all phases of HVAC, air vents and air duct systems operation, annual/preventative/routine maintenance, adjustment(s), and repair(s). Contractor's personnel should also have familiarity and experience with all types of components including controllers, electrical components, general preventative maintenance, repairs, and new installations of a variety of brands, models, and parts or equipment. The contractor and staff shall have expertise and experienced in HVAC management to include the following but not limited to:

### Assessment/Inspections:

1. First, complete an assessment on the condition of all NHS HVAC units, air vents and ducts at all the NHS Centers in the Tuba City region/district.
2. Submit an Assessment Report with all findings.
3. NHS will review assessment report and determine the work to be performed based on the assessment report. NHS will then give authorization with a Work Order and/or Work Orders prior to performing services.
4. Any major costs exceeding \$5,000 shall require a Quotation prior to the repairs.
5. Upon approvals, upgrade and install HVAC units, repair/replace/clean of all air vents and ducts in accordance with all code and compliance standards. A quotation and prior approval will be required prior to installation of new units.
6. Provide a scope of work and quotation (s) for all repairs.
7. Ensure a work order is provided by the NHS before services are rendered. The Work Order will be NHS' authorization to perform the services requested.
8. All parts/supplies and debris shall be properly disposed of in accordance with EPA regulations, and notification to Navajo Head Start – Finance when completed.
9. HVAC equipment units are property of NHS. Therefore, units cannot be removed from Navajo Nation NHS centers at any time. Contractor must

consult with NHS Finance.

Bi-Annual Routine Inspections:

10. Provide a bi-annual routine preventative maintenance inspections on all HVAC units to include, but not limited to controllers, electrical components, general preventative maintenance, repairs, and new air vents and duct services.
11. Major and minor repairs on all HVAC, air vents and duct systems.
12. Provide services upon request with a work order by NHS Finance Section.
13. Provide new materials used on all HVAC, air vents and duct systems. Parts shall be free of defects and pass Navajo Nation inspection.
14. Provide labor, supplies, parts, and equipment for all HVAC units, air vents and duct systems.
15. Provide an updated report and/or schedule with locations for all repairs and upgrades being performed which includes status of all projects. A timeline of when work is complete longer than 24 hours, dependent upon the supplies needed for the work.
16. Provide start up and inspections before start of services and after services have been completed.
17. **Provide a sticker for HVAC system to verify when service date was completed.**
18. Routine maintenance and repairs shall be done in accordance with federal and Navajo Nation regulations and codes.
19. Services to be performed and completed in accordance with industry acceptable standards.
20. Provide a Delivery Ticket with a NHS staff signature to verify work has been performed. The Delivery ticket shall be submitted with the Invoice.
21. Warranty Service: Extended warranty parts and labor (define maximum number of years available).
22. Dispose of all hazardous materials when repairs or changing any HVAC units. Old units will remain as NHS property and returned to NHS for proper accountability.
23. Must comply with all Federal and Navajo Nation Regulations.
24. Invoice will be submitted to NHS in accordance with the terms and conditions agreed upon in the contract.
25. Contract can be amended to add or delete additional and/or closed centers that may become operational or closed within the contract period.
26. Ensure service cost such as labor, travel time, mileage, parts, and supplies are in accordance with contract rates specified in the contract.
27. Each scope of work shall include all applicable taxes associated with each project that include 6% taxes and/or the respective tax rate for the Tuba City region.
28. Contract is contingent upon availability of funds.

NHS Centers located in the District V - Tuba City:

<b>District V Tuba City</b>	
1	Cameron
2	Cowsprings
3	Dennehotso
4	Gap
5	Inscription House
6	Kayenta I
7	Kayenta II
8	Kayenta III
9	Leupp
10	Navajo Mountain
11	Oljato
12	Rock Point
13	Shonto
14	Tonalea
15	Tuba City

**RFP Submittal Deadline:**

All RFP's must be received/ mailed / or physically delivered by **August 18, 2023** at 5:00 pm MST and must be mailed or physically delivered to:

Navajo Head Start  
Attention: NHS Finance Section  
Post Office Box 3479  
Window Rock, Arizona 86515

Courier Service/Delivery to:  
Navajo Head Start  
Attention: NHS Finance Section  
SW Corner of Route 12 &  
Highway 264, Suite #2A  
Window Rock, AZ 86515

**SECTION II**

**The following documents are mandatory and must be submitted with Proposal:**

1. Navajo Nation Certification Regarding Debarment & Suspension (Attached)
2. Federal Form Tax W-9
3. Licensed, bonded, and current General Liability Insurance.
4. EFT Direct Deposit Form

**A. Proposal Format:**

1. Respondent(s) must indicate if they are priority one or two vendor with the Navajo Nation.
2. All proposals must be typewritten on standard 8-1/2 X 11 paper and placed within a binder with tabs delineating each section. Larger paper is permissible for charts, maps, or the like.
3. An original RFP response and three (3) copies must be provided in sealed envelope.
4. The proposal must be organized and indexed in the following format:
  - a. A letter of Transmittal
  - b. Statement of Qualifications
  - c. Proposal on Contract approach
  - d. Proposed Cost (**Sealed in Separate Envelope**)
5. Each proposal must be accompanied by a letter of transmittal. The letter of transmittal must:
  - a. Provide background on company:

- b. Identify the name of the person responding to the RFP:
  - c. Identify the name, title, and telephone numbers of person authorized to negotiate on behalf of the organization(s):
  - d. Identify the names, files, and telephone numbers of person to be contact for clarification:
  - e. Explicitly indicate acceptance of the conditions governing this procurement:
  - f. Be signed by the person responding to the RFP; and
  - g. Acknowledge receipt of any and all amendments to the RFP.
6. The respondent must submit a statement of qualifications to include:
- a. A resume.
  - b. Number of years of experience working with Navajo Nation government or other government entities.
  - c. Provide three (3) references. Each reference must include the name, address, and telephone number of a contact person who can describe, in some detail, the quality, quantity, and substance of services provided.
  - d. The respondent must provide a Certificate of Liability Insurance.
7. Respondent must provide proposal on contract approach.
- a. Provide in detail how they would accomplish the objectives described in the scope of work.
  - b. Provide number of employees in the company/organization.
  - c. Provide Resume & Credentials of each Employee including Certificates, Diploma and/or Degrees.

**B. REJECTION OF PROPOSALS:** The Navajo Nation reserves the right to waive any informalities or irregularities in the RFP or reject any or all proposals whenever such rejection is deemed in the best interest of the Navajo Nation.

**C. PROCUREMENT OF RFP:** This procurement shall be conducted in accordance with all applicable Navajo Nation laws and regulations including the Navajo Business Opportunity Act. All applicable rules, regulations, and laws shall also be followed. Prospective Vendors shall familiarize themselves with Navajo Nation regulations prior to submitting responses to this RFP and may request a copy of Navajo Nation procurement regulations from the NHS Principal Contract Analyst at any time up to the deadline for proposals.

**D. INQUIRIES:** Any inquiries regarding this RFP should be submitted in writing to Lavine J. Roan, Principal Contract. Only written responses to questions will be considered official. All questions will be directed to Lavine J. Roan at 928-871-7061 or email; [lavineroan@nndode.org](mailto:lavineroan@nndode.org). Questions regarding this procurement will be accepted until 5:00 p.m. August 16, 2023.

- E. AMENDED PROPOSALS:** A respondent may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be a complete replacement for a previously submitted proposal and must be clearly identified in the transmittal letter.
- F. PROPOSAL SUBMISSION:** Proposal must be received on or before 5:00 p.m. **August 18, 2023**. Respondents who are mailing their proposals should allow sufficient time for mail delivery to ensure receipt by the date specified. If mailed, it is recommended that proposals be sent by certified mail to the address indicated on the cover sheet of the RFP. **Late proposals will not be accepted.**
- G. REJECTION OF PROPOSALS:** NHS reserves the right to reject any and all proposals. This RFP may be canceled at any time and all proposals may be rejected in whole or in part when the NHS Assistant Superintendent determines it is in the best interest of the Navajo Nation.
- H. PROPRIETARY INFORMATION:** Any restriction on the use of data contained within any proposals must be clearly stated in the proposal. Proprietary information submitted in response to this RFP will be handled in accordance with applicable purchasing procedures. Each page of the proprietary material must be labeled or identified with the word “proprietary” or “confidential”.
- I. RESPONSE MATERIAL OWNERSHIP:** All material submitted regarding this RFP shall become property of the Navajo Nation and will not be returned to the respondent. Responses received will be retained by NHS and may be reviewed by any person after final selection has been made. NHS has the right to use any or all system ideas presented in reply to this RFP. Disqualification or non-selection of a respondent or proposal does not eliminate this right.
- J. INCURRING COSTS:** Any cost(s) incurred by the respondent in preparing, transmitting, presenting, or modifying the proposal or material for this RFP shall be the responsibility of the respondent.
- K. SUFFICIENT APPROPRIATION:**  
A contract awarded as a result of this RFP is contingent upon the availability of funds. A contract may be terminated or reduced in scope if sufficient funds do not exist. Sending written notice to the Vendor shall affect such termination or reduction in scope. The NHS Assistant Superintendent’s decision to terminate or reduce the scope due to insufficient appropriations shall be accepted as final by the Vendor.
- L. EVALUATION PROCEDURES AND SELECTION CRITERIA.**
1. An evaluation team will evaluate the proposals received in accordance with the general criteria used herein. Respondents should be prepared to provide any additional information the team feels necessary for the fair evaluation of proposals.

2. Failure of a respondent to provide any information requested in the RFP may result in disqualification of the proposal. All proposals must be endorsed with the signature of a responsible official having the authority to bind the respondent to the execution of a contract.
3. The sole objective of the review team will be to select the respondent who is most responsive to the needs of NHS. The specifications in this RFP represent the minimum performance necessary for a response. Based on the evaluation criteria established in this RFP, the review team will select and recommend the respondent who best meets this objective. If there is only one responsive bid, the NHS Assistant Superintendent may elect to evaluate the RFP solely.
4. Evaluation Criteria: The following criteria will be used by a review committee in the selection process for contract award.

Initial Point Criteria:

- |   |             |
|---|-------------|
| a. Presentation of Response                                     | 0-10        |
| points Completeness   |             |
| Clarity of Presentation   |             |
| Organization of Presentation                                    |             |
| Understanding NHS Objectives                                    |             |
| b. Statement of Qualifications                                  | 0-20        |
| points List of three (3) Client References                      |             |
| c. Technical Requirements                                       | 0-20 points |
| Project description   |             |
| Projected accomplishments                                       |             |
| d. Project Management   | 0-20        |
| points Project Management Experience                            |             |
| Schedule/Project Plan   |             |
| Staffing  |             |
| Related Experience  |             |
| Education - Credentials   |             |
| e. Navajo Nation vendor, Priority 1 or 2<br>(not a requirement) | 0-10 points |
| f. Cost of Service  | 0-20 points |

**Total possible points = 100**



- M. STANDARD CONTRACT:** The Navajo Nation reserves the right to incorporate standard contract provision into any contract negotiations because of a proposal submitted in response to the RFP.
1. Contractor shall comply with Federal Awards Guidelines:
    - a. §200.330-Reporting on real property.
    - b. §200.331-Subrecipient and contactor determinations.
    - c. §200.338-Restrictions on public access to records.
  2. Contractor shall comply with the CDC Covid Guidelines.
- N. TAX:** All appropriate taxes should be included in cost of services including the Navajo Sales Tax. All work performed within the territorial jurisdiction of the Navajo Nation is subject to the Navajo Sales Tax of 6% (24 N.N.C. Section 601 et. seq.) and/or 7% as applicable to each respective location in the Tuba City region.
- O. SOVEREIGNTY:** The Navajo Nation will not relinquish any of its sovereignty rights.

### **SECTION III**

#### **A. RESPONDENT REQUIREMENTS:**

All respondents must have, as a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the additional forms required in Section II. Respondent should also provide technical information of delivery of services required.

**NAVAJO NATION CERTIFICATION  
Regarding Debarment, Suspension, and  
Contracting Eligibility**

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
  - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
  - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
  - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
  - D. Violated contract provisions, including:
    - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
    - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
    - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Name of individual signing on Applicant's behalf (print)

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Title of individual signing on Applicant's behalf

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Signature of individual signing on Applicant's behalf

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Date

# 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.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> 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) ►	
<b>4</b> 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>	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<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.

**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.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 85%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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.

**Sign Here**

Signature of U.S. person ►

Date ►

## 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.*

**EFT - Direct Deposit form**  
**(FAX OR XEROX COPIES ARE NOT ACCEPTABLE)**

THE NAVAJO NATION

DR BUU NYGREN PRESIDENT  
RICHELLE MONTOYA VICE PRESIDENT



Navajo Nation  
Office of the Controller  
**Accounts Payable**

PO Box 1660  
Window Rock AZ 86515

Phone 928-810-8539  
Fax 928-871-6026

Dear Client,

The Navajo Nation Office of the Controller Accounts Payable Section is announcing and offering electronic payments in lieu of check payments. The Electronic Funds Transfer (EFT) is fast, secure, low-cost and convenient.

The Office of the Controller invites you to enroll in the EFT payment program. To enroll, complete the EFT form and return the original signed form **and** bank information per page 2 to the Accounts Payable section.

If you have questions, contact the Accounts Payable Section.

Thank you,

I hereby authorize the Navajo Nation to setup and initiate Electronic Funds Transfer (EFT) credit amounts for invoice payments to the primary bank account listed.

I acknowledge that the origination of EFT transactions must comply with the provisions of U.S. law. This authorization will remain in effect until I have cancelled in a written statement.

I certify that I am an authorized representative/member of Company Name:

\_\_\_\_\_

Financial Bank Name: \_\_\_\_\_

Financial Bank Address: \_\_\_\_\_

Select Only One:  Checking account  Savings account

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Email Address for Deposit Notification: \_\_\_\_\_

Tax Identification Number (SS or EIN): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Business Home Cellular

**Read and initial** beside each of the following to confirm understand the EFT Direct Deposit Policy & Procedures regarding the enrollment. Will not be process without acknowledgement.

\_\_\_\_\_ I understand that it is **my responsibility to verify that payments have been credited to my bank account** and that the Navajo Nation assumes no liability for overdrafts for any reasons on my bank account.

\_\_\_\_\_ I understand that a bank account in my name will be setup for EFT direct deposit. Partial direct deposits for two or more bank accounts will not be permitted.

\_\_\_\_\_ I am responsible to **notify the Office of the Controller Accounts Payable Section immediately before** any payment is made of changes or cancellation to my bank account. If I do not notify Accounts Payable Section, I understand that this will result in a Reject Item which will delay the retrieval of payment three to five business days for a reissue.

\_\_\_\_\_ I have attached a blank voided check, a bank direct deposit form or bank letter that certify bank information. It is my understanding this EFT form will be confidential.

\_\_\_\_\_ If I do not follow the procedures outlined, I release the Office of the Controller Accounts Payable Section from any and all liabilities.

**ATTACH VOIDED BLANK CHECK OR BANK DIRECT DEPOSIT INFORMATION FORM**

**DEPOSIT SLIP/TICKETS WILL NOT BE ACCEPTED**

**Do not staple check, use scotch tape to attach**

**A voided check or bank direct deposit information form will confirm the account numbers provided. Occasionally, find bank account numbers are incorrect, incomplete and/or handwritten information is not legible.**

**:000000000000: 000000000000 000**  
Routing Number Account Number

Print Name \_\_\_\_\_

Company/Business Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR ACCOUNTS PAYABLE / OOC USE ONLY**

AB# \_\_\_\_\_

SETUP   
PAYMENT INSTRUMENT, TELEPHONE,  
EMAIL, BANK NUMBERS, ATTACHMENT

UPDATE

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_