

Please email completed form and a signed W-9 to [aparola@d120.org](mailto:aparola@d120.org)

Vendor Information			
Vendor Name:		DBA Name:	
Mailing Street Address:		City:	State: Zip:
Purchasing Contact Name:	Purchasing Email:		Purchasing Phone:

Remittance Information			
Remittance Street Address (if different from above):		City:	State: Zip:
Accounts Receivable Phone:		Accounts Receivable Email Address:	

Business Classifications								
School district are required to collect & report the following demographic information from vendors. 105 ILCS 5/10-17.								
	N/A	Certified	Self Certifying		N/A	Certified	Self Certifying	
Minority Owned Business (MBE) <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locally Owned Business <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Woman Owned Business (WBE) <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person with a Disability <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran Owned Business (VBP) <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small Business <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACH Payment Processing (optional, but strongly recommended)			
Bank Name:		Bank Address:	
ABA Routing #:	Account#:		Checking Savings
		<input type="checkbox"/> <input type="checkbox"/>	
By providing this information, you authorize Mundelein High School D120 to utilize the above banking information to submit payment for invoices. This authorization will remain in effect until cancelled in writing by the vendor. If any of this information changes, please notify the district immediately at <a href="mailto:aparola@d120.org">aparola@d120.org</a> .			

Certification (required)	
I certify that:	
1. The information provided is complete and accurate. I understand that this information will be utilized for local, federal, and state reporting purposes. 2. The Vendor will abide by the <a href="#">D120 Board Policy 2:105</a> , which outlines Ethics & Gift Ban precepts.	
Printed Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

<sup>1</sup>MBE - A business which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.

<sup>2</sup>WBE - A business which is at least 51% owned by one or more women, or in the case of the corporation, at least 51% of the stock in which is owned by one or more women; and the management and daily business operations of which are controlled by one or more of the women who own it.

<sup>3</sup>VBP - A business (i) which is at least 51% owned by one or more qualified veterans living in Illinois, or in the case of a corporation, at least 51% of the stock of which is owned by one or more qualified veterans living in Illinois; (ii) that has its home office in Illinois; and (iii) for which items (i) and (ii) are factually verified annually by the Commission on Equity and Inclusion.

<sup>4</sup>Locally Owned - A business whose home office is located within the boundaries of the district.

<sup>5</sup>Person with a Disability - A person who is a citizen or lawful resident of the United States and is a person qualifying as being disabled, where 'Disabled' means a severe physical or mental disability. For more information, please reference 30 ILCS 575/2.

<sup>6</sup>Small Business - A business that qualifies according to the U.S. Small Business Administration standards for a small business. This varies by industry; however, size standards are mostly based on the average annual receipts or the average number of employees.



# ACH Authorization Form

Please email completed form to [aparola@d120.org](mailto:aparola@d120.org). If you have questions, please contact Amanda Parola in the Accounts Payable Office at 847-949-2200 x1223.

Vendor Information			
Vendor Name:		DBA Name:	
Mailing Street Address:		City:	State: Zip:
Federal Tax ID or SSN:	Vendor Email:		Vendor Phone:

Payment Contact		
Payment Contact:	Payment Contact Email:	Payment Contact Phone:

Payment Processing			
If you would like to sign up for ACH payment, please complete this section.			
Bank Name:		Bank Address:	
ABA Routing #:	Account#:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Certification	
By providing this information, you authorize Mundelein High School 120 to utilize the above banking information to submit payments electronically via ACH. This authorization will remain in effect until cancelled in writing by the vendor. The vendor agrees to give a minimum of thirty (30) days in advance written notice of any change in the payment information provided above. If any of this information changes, please notify the district immediately at <a href="mailto:aparola@d120.org">aparola@d120.org</a> .	
Printed Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date:

For Internal Use Only:	
Validation Performed By:	Validation Date:
Phone Number Used:	Name of Vendor Contact Providing Validation:
Notes:	