



**Please Submit Vendor Application:**  
**By Mail:** 232 Matthews Station Street Matthews, NC 28105  
**By Fax:** (704) 845-1964  
**Scan/Email:** accountspayable@matthewsnc.com

\_\_\_\_\_  
 Corporate Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 DBA (Doing Business As)

\_\_\_\_\_  
 Federal ID or SSN

Check one of the following:  Corporation  Sole Proprietorship  Partnership  Other \_\_\_\_\_

Remit Address			Contact Information	
_____ Street Address or PO Box			_____ Contact Name	
_____ City	_____ State	_____ Zip Code	_____ Phone Number	_____ Fax Number
_____ County			_____ Email Address	_____ Web Address

Terms:  Upon Receipt  Net 10  Net 20  Net 15  Net 30  Other \_\_\_\_\_

Our company participates in E-Verify

Please check the appropriate box if your business is one of the following:

Disabled  Minority Business Enterprise  Women Business Enterprise

Please list the type of product(s) and/or service(s) your company can provide:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**IRS Form W-9 must accompany the vendor application. Payments will not be processed without both documents.**

Dear Town of Matthews Vendor:

Below are the guidelines for invoicing and receiving payments from the Town of Matthews. Following these guidelines will ensure vendor payments are processed in a timely and efficient manner.

1. There are two options for submitting invoices to the Town. With either option you choose, please send one copy only of each invoice.
  - a. Option 1 – email your invoices to [accountspayable@matthewsnc.com](mailto:accountspayable@matthewsnc.com). If you choose this option, **do not** mail invoices. (Address to be formatted the same as option 2, even if emailing.)
  - b. Option 2 – mail your invoices:  
Town of Matthews  
Attn: Accounts Payable  
232 Matthews Station Street  
Matthews, NC 28105

2. If your invoice includes a SHIP TO address, please continue to use the actual address where goods or services are delivered. **For example**, your invoice may appear as shown below:

**Billing Address**

Town of Matthews  
Attn: Accounts Payable  
232 Matthews Station Street  
Matthews, NC 28105

**Ship to**

Matthews Police Department  
1201 Crews Road  
Matthews, NC 28105

3. The Town of Matthews **is not exempt** from sales tax. Please include all applicable State and County sales taxes on your invoices. Taxes must be on a separate line(s) on the invoice and not combined with the cost of goods or shipping/freight costs.
4. The Town offers electronic funds transfers (EFT) for payment of invoices. To obtain the EFT Authorization form, please visit the Forms/Documents page on our website [www.matthewsnc.gov](http://www.matthewsnc.gov) or the Finance page. We encourage all vendors to take advantage of this secure, efficient method of payment. The form is included in this packet for your convenience.
5. Before payments can be processed, all vendors **must** complete a **Town of Matthews Vendor Application** and a form **W-9** to ensure IRS compliance. The form W-9 is included in this packet or may be obtained at [www.irs.gov](http://www.irs.gov).

The Town of Matthews makes every effort to pay vendors on time. With your assistance, we are confident that these guidelines will benefit us both. If you have questions, please contact Brian Lee at (704) 708-1223.

Thank you.

Town of Matthews Finance Department

To: Town of Matthews Vendors

**Subject: Automated Payments Implementation**

The Town of Matthews is pleased to announce the implementation of automated invoice payments using Electronic Funds Transfers (EFTs). As a vendor, you have the option of receiving your invoice payments through ACH (Automated Clearing House). Using ACH, our payments will be deposited directly into an account specified by you. We trust you will find this process beneficial, secure and efficient for payment receipt of all invoices.

The necessary form requesting information needed to facilitate this process is attached. Once the completed form has been received, our vendor files will be updated with the information provided. As payments are processed, an email will be sent notifying you of the pending deposit and the date funds will be available at your financial institution. The email will contain the same information you currently receive on our paper checks. **Please note the *importance* of providing a valid email address for an individual who will be responsible for ensuring the information and payment received are applied to our account properly.**

Attached you will also find IRS Form W-9. To ensure our records are IRS compliant, this form **must** be completed and returned regardless of your decision to participate in automatic payments. Please update your records to reflect the **billing address** for all Town accounts. All invoices should be addressed and mailed to:

Town of Matthews  
Attention: Accounts Payable  
232 Matthews Station Street  
Matthews, NC 28105

The above address change does not affect the shipping address you have on file. Failure to make the requested changes may result in delayed payments.

Thank you for taking a moment to complete the attached forms. Please mail completed forms to the address listed above. Automatic payments will begin within 30 days of receipt of the completed forms. *We hope you will take advantage of this convenient and efficient form of invoice payment.* **If for any reason you do not receive payment, wish to cancel your enrollment, or need to change banking or email information, you MUST notify our office immediately to prevent delay in payments.**

Our staff is available to assist you. Please contact us at (704) 847-4411 or visit our office at 232 Matthews Station Street. Thank you for your time, and we look forward to your participation in the automatic payment system.

Regards,

Town of Matthews Finance Department  
[accountspayable@matthewsnc.com](mailto:accountspayable@matthewsnc.com)  
(704) 847-4411 Fax (704) 845-1964



232 Matthews Station Street  
Matthews, NC 28105  
704.847.4411  
Fax 704.845.1964

The Town of Matthews can provide payment (ACH) to you/your company through electronic funds transfer. Please complete the information below if you wish to begin taking advantage of this service. A remittance advice with payment information will be emailed to the address provided below. Please complete this form in its entirety and return to the Finance Department at your earliest convenience.

**Company/Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Routing Number (ABA#):** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Federal Tax I.D.:** \_\_\_\_\_ **Account Type:**  **Checking**  **Savings**

**Email Address for Delivery of Payment Advice:** \_\_\_\_\_

*As an authorized representative of the company named above, I authorize the Town of Matthews to deposit all payments due to us electronically to the banking institution listed above and correct any errors that may occur.*

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

**It is the responsibility of your organization to notify the Finance Department immediately if funds are not received, banking information needs to be changed or if you wish to discontinue receiving payments via electronic funds transfer.**

Please return completed form to:

**By Mail:** 232 Matthews Station Street Matthews, NC 28105  
**By Fax:** (704) 845-1964  
**Scan/Email:** [accountspayable@matthewsnc.com](mailto:accountspayable@matthewsnc.com)

Confidentiality Notice: All information regarding banking information furnished on this form shall be kept in strict confidence by the office of the Finance Director, its officials and employees.



## Internal Revenue Service and NC Department of Revenue 1099 Status

*The purpose of this form is to ensure the correct tax status is designated to your business or organization. Please answer the following question below.*

Should you or your business be receiving a 1099 form issued by the Town of Matthews?

*Yes, the tax status of my business requires we file a 1099 form. Please issue a 1099 when applicable.*

*No, the tax status of my business does not require a 1099 form. Do not issue.*