



Dear Supplier:

Welcome to Community Mental Health Authority of Clinton Eaton and Ingham Counties!

The purpose of the New Supplier Packet is to keep you, our valued supplier partner, better informed and ensure prompt payment of your invoice.

This New Supplier Packet sets forth our terms and conditions along with our operational requirements of supplier partners in order to sell products and services to Community Mental Health Authority of Clinton Eaton and Ingham Counties.



NEW SUPPLIER PACKET GUIDELINES

In order to create a purchase order, the supplier must be approved and processed as an authorized Community Mental Health Authority of Clinton Eaton and Ingham Counties supplier. The following process must be followed to add a new supplier to the Approved Supplier Listing.

1. A new packet must be completed in its entirety by the prospective supplier and submitted via mail or email to the Accounts Payable department.
2. The following items constitute a “new supplier packet”:
 - a. New Supplier Form
 - b. W-9 form (6 pages), www.irs.gov/pub/irs-pdf/fw9.pdf
 - c. Electronic Funds Transfer (EFT) Authorization Form
3. When the required documentation is submitted to the finance Office, Accounts Payable will verify the new supplier forms for completeness.
4. All new supplier requests will be approved by Finance before a supplier is assigned a supplier identification number.
5. Once verified and approved, the new supplier will be set up in our system.
6. If applicable, the requesting department will be notified of the new Supplier ID number assigned for the requested supplier.
7. The review, approval set-up of new suppliers takes approximately five (5) business days, please plan accordingly.
8. If the required documentation is not received from the supplier, the supplier will not be added to our system.



Community Mental Health Authority of Clinton Eaton and Ingham Counties New Supplier Request Form

Company Legal Name: _____

Taxpayer Identification Number (EIN/SIN): _____

Taxonomy Number: _____

IMD Status: Yes No

D&B Duns Number: (if listed with D&B): _____

Supplier Website Address: _____

Requesting Department or Entity: _____

___ "C" Corporation ___ "S" Corporation ___ Sole Proprietor ___ Partnership ___ LLC

Order from Information

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ - _____ Fax Number: _____

Account Representative: _____ Title: _____

Email: _____

Payment Information

Remit to: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ - _____ Fax Number: _____ - _____

A/R Contact: _____ Title: _____

Email: _____



In order for the CMHA-CEI Finance Department to electronically deposit your reimbursement to your financial institution, please complete and submit this form along with a voided check or EFT Bank Authorization to Finance-Operations@ceicmh.org.

Company Name _____

Address _____

Address _____

City _____ State _____ Zip _____

I hereby authorize Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) to deposit my payment into the account identified below and authorize the DFI (Depository Financial Institution) to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the CMHA-CEI Finance Department at Finance-Operations@ceicmh.org.

Financial Institution _____

Routing/Transit Number (9 Digits) _ _ _ _ _

Circle One: Savings/Checking Account Number _____

Email Address for Notification of Payment _____

Please print name _____ Phone _____

Signature _____ Title _____ Date ____ / ____ / ____

A pre-note will be sent initially to verify routing/transit numbers along with account numbers. This takes up to ten days. The following payment, given the pre-note is correct, will be paid electronically. With this in mind, you may receive one printed check before your electronic payments begin. Also, if a change is made to your direct account numbers after the initial prenote has been sent, the change will generate another pre-note to be sent and you may receive a printed check for the following payment. We will email a notification to address above each time an electronic payment is made. The notice will include the invoice number(s) if applicable, description(s), and amount(s) transferred.

PLEASE PROVIDE A VOIDED CHECK OR EFT BANK AUTHORIZATION WITH THIS AUTHORIZATION FORM.

QUESTIONS SHOULD BE DIRECTED TO Finance-Operations@ceicmh.org Or (517) 346-8296.



Supplier Invoicing

In order to avoid rerouting of or unnecessary delays in the processing of your invoice please make note of the following:

- We must have your completed supplier packet on file
- Preferred method of receipt of invoice:
 - Email to: the program from which the item was purchased
 - Mail to: Community Mental Health Authority of Clinton Eaton and Ingham Counties
 - Attn: program or name of individual who placed order
 - Program Address
 - Lansing, MI 48910
- Preferred method of payment:
 - EFT
 - Check