

University of Northern Colorado
Independent Contractor Service Provider Information

Printed Name: _____ Phone: _____
Street Address: _____ Email: _____
City, State, Zip: _____

Are you retired from PERA and collecting benefits from them? Yes No

If Yes, please complete the PERA Disclosure of Compensation: [PERA Disclosure of Compensation Form](#)

If you do not have a Bear Number, please complete and return a W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Please Note: The name on your W-9 must match your name as shown on existing UNC student and employment records. If you previously attended or applied to UNC and your name has changed, an Individual Data Change Form must be completed to request an update to your records: <https://onbase.unco.edu/Registrars/IndividualDataChange>

Please choose one form of payment: Direct Deposit - (Preferred) Direct deposit information on file will be used.
 Check Mailed - Address above will be used.

University of Northern Colorado Exhibit IC -
Independent Contractor Status

1. DIRECTION AND CONTROL-REPRESENTATION

Vendor (the term "Vendor" includes Contractors and Grantees) shall perform all services and other obligations under the Purchase Order (PO) or Contract (the term "Contract" includes Agreements and Grants) to which this Exhibit is attached, free from the direction and control of the State. Vendor represents that it is customarily engaged in an independent trade, occupation, profession, or business related to the services performed. The latter is a material representation made by Vendor to the State, upon which the State relied in issuing this PO or Contract, and without which, this PO or Contract would not have been issued. In accordance with the foregoing, **the State does not and shall not:**

- A. *Require Vendor to work exclusively for the State; except to the extent Vendor chooses to work exclusively for the state for a finite period of time specified in the PO or Contract;*
- B. *Establish a quality standard for Vendor; except that the State can provide plans and specifications regarding the work but cannot oversee the actual work or instruct Vendor as to how the work will be performed;*
- C. *Pay a salary or hourly rate but rather a fixed or contract rate;*
- D. *Terminate the work during the PO or Contract period unless Vendor violate the terms of the PO or fails to produce a result that meets the specifications of the PO or Contract;*
- E. *Provide more than minimal training for Vendor;*
- F. *Provide tools or benefits to Vendor; except that materials and equipment may be supplied;*
- G. *Dictate the time of performance; except that a completion schedule and a range of mutually agreeable work hours may be established;*
- H. *Combine the State's business operations in any way with Vendor's business, but instead maintain the State's and Vendor's operations as separate and distinct;*
- I. *Pay Vendor personally but rather make checks payable to the trade or business name of Vendor.*

2. DISCLOSURE

Vendor is not entitled to unemployment insurance benefits unless unemployment compensation coverage is provided by Vendor or some other entity, and Vendor is obligated to pay federal and state income tax on any moneys paid pursuant to the independent contractor relationship created by this PO or Contract. The State shall issue and, Vendor shall accept as proper for tax reporting purposes, a Form 1099 to Vendor for all payments made to Vendor pursuant to this PO or Contract if this payment is 1099 reportable.

VENDOR (Independent Contractor):

Printed Name: _____

*Signature: _____ Date: _____

***Persons signing for Vendor hereby swear and affirm that they are authorized to act on the Vendor's behalf and acknowledge that the State is relying on their representation to that effect. Please note that amounts paid are 1099 and PERA reportable.**

Authorization Agreement for Automated Deposits

NOTE: Direct Deposits are generally received 7-10 days sooner than a paper check.

Vendor Name _____ Daytime Phone No. _____

E-mail Address _____

I hereby authorize the University of Northern Colorado to make payment of any amounts owed to me by initiating credit entries to the account listed below. I understand and agree that if an erroneous credit is made to my account that the University and financial institution are authorized to stop payment, reverse the entry, or make any adjustments necessary to my account to correct the erroneous entry. I understand that this authorization will remain in effect until I have cancelled it in writing.

Please notify Accounts Payable within two weeks prior to payment date to prevent the direct deposit from occurring and funds are directed into a closed account; the direct deposit will reject at the financial institution. I understand that funds will not be available to me until the original funds are returned by the financial institution and a check can be prepared. I understand that I am responsible for checking the availability of funds in my account and that the University is not liable for check charges incurred before funds are verified.

If a voided check or bank ACH authorization form is not attached, I understand that a check will be mailed to the address on file.

I authorize the University of Northern Colorado to send my ACH advice to my company e-mail address listed above.

Signature _____ Date _____

Account Number _____

Routing Number _____

Attach a **VOIDED CHECK or Bank ACH Authorization form** for the direct deposit account requested. Deposit slips are only allowed for savings accounts and **temporary checks are not allowed** per requirement of our auditors. All new account numbers will be verified to detect any problems with your bank transit number. (Be sure the bank name and address is printed on the face of the check.)

Questions on this form can be directed to Accounts Payable, (970) 351-2387
or accountspayable.electronicinvoices@unco.edu

Accounts Payable Use Only:

Bear #: _____

Processed by: _____