

## KS WORK New Vendor Setup

VENDOR INFORMATION			
Name	FEIN or SS# of Payee		
Mailing Address	City	State	Zip Code
Phone Number	Email		
Pay Type: <input type="checkbox"/> Paper Check <input type="checkbox"/> EFT (If this option is selected, attach a direct deposit authorization agreement)			
<input type="checkbox"/> A W-9 is required for all vendors, a form is attached.			

Please check the services that your agency will be providing and billing.

TYPE OF AGENCY/VENDOR EXPENSES	
<input type="checkbox"/>	Agency-directed Personal Care Attendant
<input type="checkbox"/>	Employment Support (Follow along)
<input type="checkbox"/>	Meal Service
<input type="checkbox"/>	Emergency Monitoring
<input type="checkbox"/>	Emergency Monitoring Installation
<input type="checkbox"/>	Snow Removal/Mowing
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other

**Please return this form to Palco via email: [accounting@palcofirst.com](mailto:accounting@palcofirst.com) or via fax to 1.877.859.8757.**