

Vendor Enrollment Packet

Welcome to Self-Direction! This packet contains all the forms you need to enroll as a vendor and begin providing services. You will not be paid for services until the following forms are completed and returned:

- Vendor Payment Request
- IRS Form W-9
- Direct Deposit Agreement

Send completed forms by fax, email, or mail to Palco at the address below:

Fax: 501.821.0045
Email: accounting@palcofirst.com
Palco, Inc
Attn: Enrollment
P.O. Box 242930
Little Rock, AR 72223

To be paid for goods or services rendered, a Vendor Payment Request form must be completed and submitted for payment, along with a copy of an invoice, by the program's submission deadline.

As a 1099 tax status agency or independent contractor, vendors will not have any taxes withheld from your payment. Vendors receive an IRS 1099 if they meet the IRS threshold for receiving a 1099, which are mailed out on January 31st. Allow two weeks for delivery.

Should you need any assistance, please contact a friendly customer support representative at 1.866.710.0456. Due to privacy rules, customer service may be limited on the information we can provide about the member.

We look forward to serving you!

Sincerely,
The Palco Team

Idaho Vendor Payment Request

Complete all relevant fields below for payment to a vendor for authorized services. Please allow up to five (5) business days for this form to be processed. Once processed, payment will be generated on the next payroll cycle according to the ID SD Payroll Schedule. Make sure the below vendor has properly submitted all paperwork to enroll with Palco prior to submitting this request.

PARTICIPANT INFORMATION		
Full Name	Palco ID	Program/Plan
VENDOR INFORMATION		
Full Name	Palco ID	FEIN or SS# of Payee
Vendor Address	City, State, Zip Code:	

Date of Service	Service Code	Service Description & Explanation	Amount	Invoice Attached*
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
TOTAL			\$	

**An itemized invoice MUST be attached. Invoices should only include items included with this request.*

Select the relevant option:

- Independent Contractor.** Make the check payable to the **vendor** and submit to the **vendor's** mailing address on file with Palco.
- Agency.** Make the check payable to the **vendor** and submit to the **vendor's** mailing address on file with Palco.
- Other Business.** Make the check payable to the **vendor** and submit to the **participant's** mailing address on file with Palco.

Special instructions:

By signing this form, I attest that the vendor is qualified to render this service, has met the program qualification criteria, and has a Vendor Agreement on file with Palco to support both the participant and this service, per the participant's Support and Spending Plan. I also attest that services were delivered and received consistent with the Support and Spending Plan.

Employer Signature

Date

Please return this form to Palco via email: accounting@palcofirst.com or via fax to 1.877.859.8757.



Pay Selection and Direct Deposit Authorization Agreement

HOW WOULD YOU LIKE TO BE PAID?

Payment Selection: (please check only one box)

- Direct Deposit: Money Network Services.*

*If you choose the Money Network Services Option, Palco will enroll you with our partners at First Data: Money Network Services. You will need to sign an additional Money Network Services Form to enroll.

Request Type (check one):

- New Account Setup Change in Existing Account Cancellation

DIRECT DEPOSIT ACCOUNT INFORMATION

Account Holder's Full Name		ID or Last 4 of SSN
Financial Institution	Routing Number	Account Number
Type of Account (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Pre-paid card		

REQUIRED The following validating documentation is attached:

- Voided check with account holder name printed on the check.
Check cannot be a temporary check.

OR

- Official documentation from financial institution listing account holder name, account, and routing number. This includes letters from banks and paperwork from pre-paid cards.

I authorize Palco, Inc. to initiate deposits and debit entries for the purpose of correcting an erroneous deposit to the account indicated herein. In the event Palco is unable to initiate debit entries, I authorize the repayment to Palco from future amounts owed to me. I understand Palco is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to initiating debits against my account. I understand the risks of sharing an account with others, including my employer or worker. Palco is not responsible for any charges I incur from my financial institution. Any changes to my account must be submitted to Palco immediately. This authorization will remain in full force and effect until Palco has received written cancellation in such time and in such manner as to afford Palco and all appropriate financial institutions a reasonable opportunity to act on it.

Printed Name

Signature

Date

Please return this form to Palco via email: accounting@palcofirst.com or via fax to 1.877.859.8757.