



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 or via fax to 1.877.859.8757.