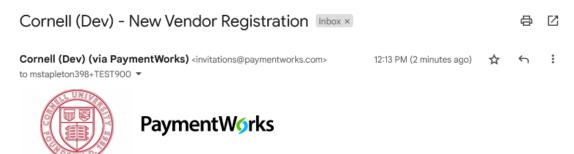


# Registration Process in PaymentWorks For Individuals

**International Payees and Suppliers** 

## To begin the registration process, click on the link in the invitation email.



#### Dear Mary TEST900:

Cornell University is inviting you to register as either a new payee or new supplier. This is a two-step registration process utilizing our secure registration portal - PaymentWorks. Please click here to create your free PaymentWorks account. You will receive a second email which will enable you to verify the PaymentWorks account (within 72 hours) and sign in to complete the New Vendor/Payee Registration Form. If you have any questions about this email please contact Mary Stapleton at <a href="mailto:mstapleton398+DEV@gmail.com">mstapleton398+DEV@gmail.com</a>.

TEST To receive your honorarium, please follow the instructions above to complete the payee registration process. Thank you for your participation. Cornell Reference edoc #

To complete the New Vendor/Payee Registration Form, you will need a valid taxpayer identification number (either the business' federal employer identification number or the individual's social security number). If you wish to be paid via direct deposit (ACH payment), you will need either a voided check or your bank routing number and account number on company letterhead.

If you have questions regarding billing, invoices, or payments, please contact Cornell (Dev) directly.

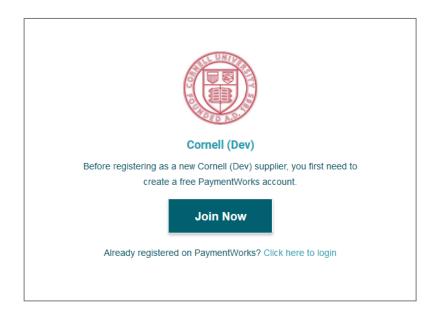
If you encounter any problems regarding the PaymentWorks platform or specific aspects of the registration process, please review the help documentation or contact Support here.

Sincerely,



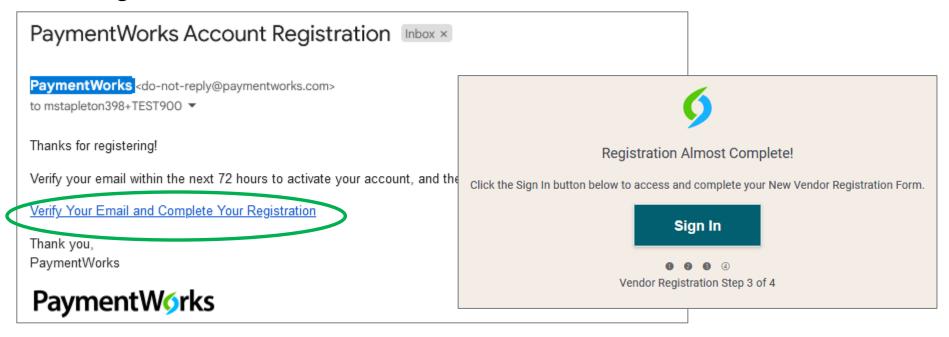


You will be asked to create an account with PaymentWorks by clicking "Join Now". If you already have a PaymentWorks account, use the login link to be directed to the Cornell University registration form.



Payees (S	
Your Information	
Mary	TEST900
Company Name / Doing Business	As (optional)
Title	
Mote: Pleas email addre invitation was when creatice account.	ss the
*******	
✓ I agree to the  Join  ②	Now
Vendor Registra	ition Step 1 of 4

Once you create your PaymentWorks account, you will receive an email from <a href="mailto:do-not-reply@paymentworks.com">do-not-reply@paymentworks.com</a> requesting that you verify your account and email address within 72 hours and complete the Cornell University registration form.



After signing in to PaymentWorks, you will be directed to the Cornell University registration form. The required fields are identified with a red asterisk (\*).

#### The form has four sections:

- 1. Tax information and legal name
- Personal contact information
- 3. Primary address
- 4. Additional information, including payment method preference.



#### **Tax Information**

	For tax purposes, which best describes you?*
Tax Information	Individual, Sole Proprietorship, or Single-member
All fields marked with a red asterisk $(*)$ are required fields.	LLC
All other fields are optional.	Corporation or other complex business entity
To ensure all appropriate fields are present, the first three questions on the form must be answered in order. The options in the following questions will change depending on your responses.	Country of Citizenship* (Country of Incorporation if using EIN)  United Kingdom  TIN Type*
Select the arrow icon for a drop- down list of countries.	Legal First Name*
Fill in your First Name (given name) and Last Name (family name or surname). If you have multiple given names, list them in the First Name field.	Legal Last Name*  Tax Number*  8 to 20 characters
	Confirm Tax Number*

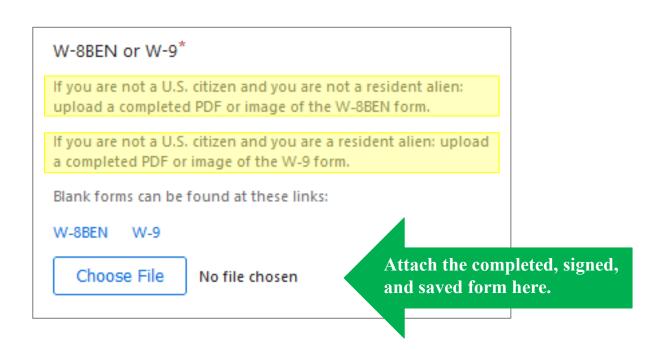
If you do not have an individual taxpayer identification number, please either:

- Enter your "last name first name" to meet the character requirements on the PaymentWorks form, or
- You may choose to request a PaymentWorks registration number to meet the form requirement.

Cornell will ensure that our records match the information entered on your attached W-8BEN (or W-9) form.



This information will help you determine which form to complete and attach.







The fields that are typically completed are highlighted.

Please note that item 5 may not apply and that either item 6a **or** 6 b should be completed.

_	W-8BEN	Certificate of Foreig	gn Stat	us of Benefic	ial Owner for	United	I	
		States Tax With	hholdin	g and Reporti	ing (Individua			
(Rev. C	ctober 2021)			Entities must use F			OMB No. 1545-1621	í
Departr	nent of the Treasury Revenue Service	Go to www.irs.gov/Fo. Give this form to the						
Do NO	OT use this form	if:					Instead, use For	rm:
• You	are NOT an indivi	dual					W-8BEN	N-E
• You	are a U.S. citizen	or other U.S. person, including a res	ident alien	individual			v	W-9
	are a beneficial or or than personal s	wner claiming that income is effective ervices)	ely connec	ted with the conduc	t of trade or busine	ess within the Un	ited States W-88	ECI
		wner who is receiving compensation	for person	al services performe	ed in the United Sta	ates	8233 or V	
• You	are a person actir	ng as an intermediary					W-8I	MY
		nt in a FATCA partner jurisdiction (th	nat is, a Mo	odel 1 IGA jurisdictio	on with reciprocity	), certain tax acc	count information may	be
		cation of Beneficial Owner (	eaa inetr	uctions)				_
1		ual who is the beneficial owner	see msu	uctionsj	2 Country	of citizenship		_
						,		
3	Permanent resid	dence address (street, apt. or suite no	o., or rural	route). Do not use a	P.O. box or in-ca	re-of address.		_
_	City or town, sta	ate or province. Include postal code v	where appr	ropriate.		Country		_
4	Mailing address	(if different from above)						
_	City or town, sta	ate or province. Include postal code v	where appr	ropriate.		Country		_
- 5	IIS taynayaria	dentification number (SSN or ITIN), if	raquirad (s	ee instructions)				_
	O.O. saxpayer io	sentinoation number (core or rring), in	required (s	ee madacachay				
6a	Foreign tax iden	ntifying number (see instructions)		6b Check if FTIN	not legally require	d	[	
7	Reference numb	per(s) (see instructions)		8 Date of birth	MM-DD-YYYY) (se	e instructions)		
								_
Par		of Tax Treaty Benefits (for ch	napter 3	purposes only) (:	see instructions	-		_
9		beneficial owner is a resident of				within the m	eaning of the income t	ах
10		the United States and that country. Ind conditions (if applicable—see in:	etructione):	The hopeficial own	or is claiming the p	rovisions of Artic	io and paragraph	
10	opeciai rates a	of the treaty identifie					rify type of income):	
		or the treaty learning			76 Tale Of Will	moraling on Japan	my type of arconney.	
	Explain the add	itional conditions in the Article and p	aragraph t	he beneficial owner	meets to be eligible	e for the rate of v	vithholding:	_
Part	III Certific	ation						_
_		are that I have examined the information on this fo	rm and to the	best of my knowledge and b	belief it is true, correct, an	d complete. I further or	etify under penalties of periury	that:
• I am	the individual that is	the beneficial owner (or am authorized to form to document myself for chapter 4 pur	sign for the					
• The	person named on lin	e 1 of this form is not a U.S. person;						
	form relates to:							
		connected with the conduct of a trade or nnected with the conduct of a trade or but				Ebl- i		
		a partnership's effectively connected taxa			ot subject to tax unde	r an applicable ino	ome tax treaty;	
		realized from the transfer of a partnership			er section 1446/fi:			
		of this form is a resident of the treaty country liste				x treaty between the L	hited States and that country;	and
• For t	oroker transactions of	or barter exchanges, the beneficial owner i	is an exemp	t foreign person as defi	ned in the instruction	s.		
Further	nore, I authorize this fo or make payment	rm to be provided to any withholding agent the	at has control, . I agree that	receipt, or custody of the I will submit a new form	income of which I am to within 30 days if any o	he beneficial owner o certification made or	r any withholding agent that on this form becomes income	can act.
Cia		I certif that I have the capacity to sign fo	or the person	identified on line 1 of t	this form.			
Sign	Here							
	_	lignature of beneficial owner (or ind	fividual auth	orized to sign for benef	icial owner)	Date	(MM-DD-YYYY)	_
For D		t name of signer tion Act Notice, see separate instru	uctions		No. 25047Z		W-8BEN (Bev. 10-20	0043
FOLE	aport month medius	House, see separate Ilistri	everello.	Gat.	PW. 200412	rom	ODE (Nev. 10-20	

# Cornell University

#### **Contact Information**

#### Personal Information

All fields marked with a red asterisk (\*) are required fields.

All other fields are optional.

Please enter your full name, phone number, and email address.

Alternatively, you may enter your "doing business as" name if you wish to have the payment issued to your business.

Note: Honoraria and guest lecturer payments are issued to individuals only.

		, or your busine		
it to ap you.	pear on a cne	eck or other form	i ot paymen	t made out t
Teleph	one Numbe	er*		
Ė				
220				ext.
Prefer	red Email*			
Prefer	red Email*			
Prefer	red Email*			
Prefer	red Email*			
Prefer Websi				
Websi	te	ods or Service	S	
Websi	te	ods or Service	S	
Websi	te	ods or Service	s	
Websi	te	ods or Service	S	

Enter your primary address as it appears on on your tax forms.

Enter your remittance or payment address. If the same as your primary address, click the check box.

Purchase order suppliers only will be asked to provide both a mailing and email address for purchase orders.

Primary Address All fields marked with a red asterisk (*) are required fields. All other fields are optional.  Country*  United Kingdom  Street 1 *	,
All other fields are optional.  Country*  United Kingdom	
Country* United Kingdom	
United Kingdom	
United Kingdom	
-	
itreet 1*	
Street 1*	_
	_
Street 2	
	7
City*	_
	_
State / Province / Region*	
Select an option	
This field is required	
inis riela is requirea	
Zip / Postal Code*	

All other fields are optional.	
Same as Primary Address	
Country*	
United Kingdom	~
Street 1*	
Should D	
Street 2	
City*	
State / Province / Region*	
Select an option	~
▲ This field is required	
7in / Portal Codo*	
Zip / Postal Code*	

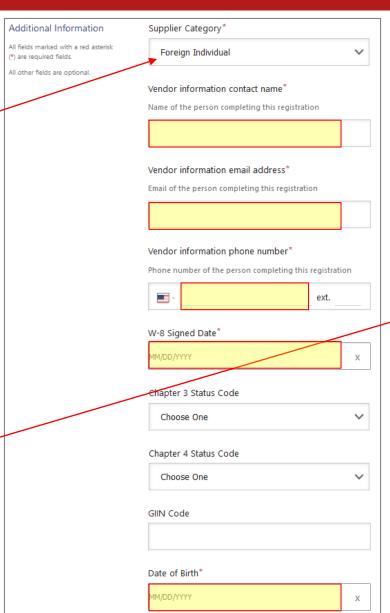
PO Vendor		
Is PO Address Country the United States, Canada, A Other?*	Australia, or	
Other	~	
Country Name		
PO Country*		
United Kingdom	~	
State/Province		
PO Address 1*		
PO Address 2		
PO Address City*		
PO Address Postal Code*		
PO Attention		
Method of PO Transmission*		
Choose One	~	

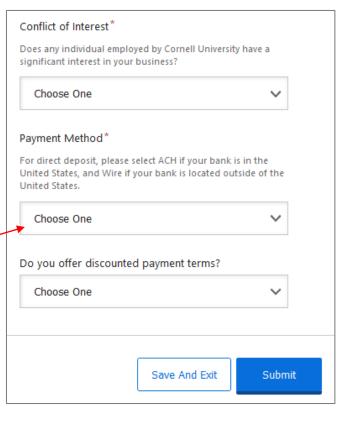


#### **Additional Information**

If you are a <u>not</u> US citizen or resident alien, please select foreign individual.

Please select how you want to be paid: check, US direct deposit (ACH), or international wire transfer. If you select ACH, you will be prompted to enter your bank account details and upload bank documentation.





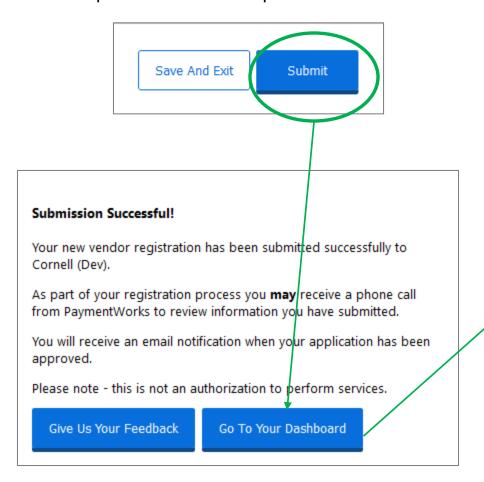


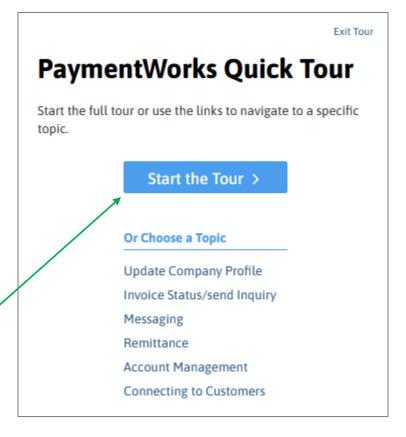
### **Bank Info for ACH**

Banking Information	Bank Name*		Bank Address	Country*	
All fields marked with a red asterisk (*) are required fields.			All fields marked with a red asterisk (*) are required fields.	United States	~
All other fields are optional.			All other fields are optional.		
	Name on Account*			Street 1*	
	Account Number*  An image or PDF file can be use the following:  Letter on company letterhead  Voided check  Voided deposit slip				
			d here containing one of	Street 2	
				City*	
		Letter from your bank		c,	
		Copy of a bank account state	ement		
	Account Type*				
	Account Type*  Select Account Ty  Email Address for Payment  Routing Number*		osen	State *	
				State	
			Notifications*	Select a State	~
			rvotineations		
				Zip / Postal Code*	
				_,p , , osta, coac	
	SWIFT Code	Bank Authorization*			
	Customers using PaymentWork		s and the financial		
		institution named herein are au			
		deposit monies to my account			12

I Agree

Click on the Submit button. If you receive an error for missing information, please scroll through the form to ensure all required fields are completed. The error will be identified with red text.







### PaymentWorks Support

