



Accountant General
TREASURY DEPARTMENT

Vendor Authorization Form For PERSONS

New: Update:

Please Read Carefully and Complete in Block Letters

Social Security* # _____
(must be complete 9-Digit number - Copy of SS Card MUST to be submitted)

FULL Name: _____
(as seen on SS Card)

Jr./Sr.? _____ Tax Id. Number (TIN): _____

Address : _____

Email Address: _____

Phone Number: _____

Bank or Credit _____

Union: _____

Account #: _____
(As provided by bank - complete with branch code where applicable)

Account Holder's Name: _____
(As it appears on bank records)

Comments: _____

Note and Disclaimer

> This form is to be completed by the person who wishes to be added to SmartStream Payables Vendor List in order to receive payment(s) from any Government of Belize Ministry/Department.

> At times, information for vendors needs to be verified and in such cases persons will be required to re-submit documents already provided before a payment is executed. Persons should be ready to provide such when required.

> By signing below the person certifies that the banking information provided is accurate, belongs to him/her and assumes full responsibility in the event amounts sent to the indicated account results in payment being rejected** or is sent to an account which does not belong to him/her and for which the Government of Belize shall not have any liability whatsoever.

Signature: _____

Print Name: _____

Date : _____

* For foreigners, a copy of passport will be accepted - all Belizean nationals/citizens are to use SS Cards.

** In event that inaccurate account information is provided; a new form will need to be completed