



**STATE OF WYOMING
WOLFS-109b**

The State of Wyoming must have a properly completed form before payment will be made.

**PLEASE RETURN THIS FORM TO
STATE AGENCY CONTACT**

STATE AGENCY INFORMATION
Agency #, Agency Name, Contact Name, Title,
Address; Phone #

If you have a change to your tax status information, a new WOLFS109(a) must be completed and submitted.

VENDOR NUMBER – filled in by State Agency:

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VENDOR NAME- filled in by State Agency:

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Changes to an existing vendor only – Mark only the box(es) that apply

PROVIDE ONLY NEW INFORMATION

Individual Name		Business Name	
Address Line 1		City	
Address Line 2		State/Zip	

CHANGE MY CURRENT BANKING INFORMATION - A copy of a voided check from my checking account with the current information is attached.

NEW DIRECT DEPOSIT AUTHORIZATION: I authorize electronic fund transfer (EFT) payment into my checking account by attaching a copy of a voided check from my checking account.

DISCONTINUE DIRECT DEPOSIT AUTHORIZATION – I understand by choosing this option, I will receive my payments via check in the mail, at the address in the file, unless a NEW address is indicated above.

I certify that the above information is accurate as of the date set out by me on this form. I am responsible for updating and maintaining my information whenever this information changes.

SIGNATURE: _____

DATE: _____

Printed Name: _____

- **Individuals changing a name (as in the case of marriage or divorce) must notify both Social Security and IRS before submitting this form to the State agency.**