To register with GW, you'll need to receive an invitation. Follow the steps below to complete the registration process.

Test screenshots provided for examples

Steps to Register

1. **Request an Invitation**
   o Ask your GW contact to send you a PaymentWorks invitation email. Receiving an invitation is the only way to register on the platform. You can also request one through iSupplyGW@gwu.edu.
2. **Click the Link**
   o Open the invitation email and click the provided link.

The George Washington University (Test) (via PaymentWorks) <invitations@paymentworks.com>
to GWUPW2025+THETATESTORE ▾

GW GWmedicine   **PaymentWorks**

Dear The Tate Store :

Augusta McMillian has invited you to register as a new vendor to The George Washington University (Test).

In order for The George Washington University (Test) to establish you or your company as a payee or vendor, please **click here** to register on PaymentWorks, The George W

Before you begin the registration process, be sure to have the following information available:

   1. A valid tax ID (either an EIN or SSN)
   2. If you wish to receive electronic (ACH) payments, you will need a copy of a voided check or bank statement.

If you have questions regarding billing, invoices, or payments, please contact The George Washington University (Test) directly.

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

Thank you for your support.

Sincerely,

The George Washington University (Test)

3. **Join PaymentWorks**
   o If you don't have a PaymentWorks account, click **Join Now** to create one.
   o If you already have an account, click **Click here to login** and sign in with your credentials.

The George Washington University (Test)

Before registering as a new The George Washington University (Test)
supplier, you first need to create a free PaymentWorks account.

Join Now

Already registered on PaymentWorks? Click here to login

4. **Verify Your Email**
   - o After creating your account, you'll receive an email to verify your email address.
   - o Click the link in the verification email to activate your account.

PaymentWorks Account Registration Inbox ×

PaymentWorks <do-not-reply@paymentworks.com>
to

Thanks for registering!

Verify your email within the next 72 hours to activate your account, and then sign in to complete your registration.

Verify Your Email and Complete Your Registration

Thank you,
PaymentWorks

PaymentWorks

If this was sent to you in error, please ignore this email and your address will be removed from our records.

5. **Complete the Registration Form**
   - o Log in to your activated account to access the **Vendor Registration Form**.
   - o Fill out the form and submit it. Screenshot examples of the form and steps provided at the end.
   - o Visit Understanding and Accessing Your New Vendor Registration Form for more information.

The George Washington University (Test)

New Vendor Registration

Welcome, Shell Shearer!

In order to onboard as a new vendor, you will have to fill out and submit the following form to **The George Washington University (Test)**.

You will be notified by email when your application is processed.

6. **Approval Process**
   o Your customer's organization will review your registration.
   o Once approved, you'll receive an email confirming your registration.

Registration Step Screenshots

Questions or screens may be different as they adjust based on your responses. For example: an Individual registering will have far less screens than a Corporation. Please fill in any mandatory field and reach out to isupplygw@gwu.edu with questions.

PaymentWorks   → Logout

✦ Welcome   📷 Tax Information   🏠 Addresses   🏛 Payment Information   📄 Additional Information

Tax Information

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

All other fields are optional.

For tax purposes, which best describes you?*

○ Individual or Sole Proprietorship

○ Corporation or other complex business entity

Save and Exit   **Next**

you are a Corporation or other complex business entity it will ask for your Country of Incorporation, Business Legal Name and EIN.

If you are an Individual or Sole Proprietorship you will be asked for your SSN.

For tax purposes, which best describes you?*

○ Individual or Sole Proprietorship

◉ Corporation or other complex business entity

Country of Incorporation or Organization*

Select an Option

United States ▾

Business Legal Name*

Business legal name is your company's official name as it appears on government and legal forms, such as line one of your W9 or W-8BEN. This name is linked to your company's Tax Identification Number (TIN) and is not your DBA (doing business as) name.

Enter Text Here

EIN*

9 digits, no dashes or spaces

Enter Value Here

This field is required

Confirm EIN*

Enter Value Here

This field is required

Are you using an SSN or EIN?*

◉ SSN

○ EIN

Legal First Name*

Enter Text Here

This field is required

Legal Last Name*

Enter Text Here

This field is required

SSN*

9 digits, no dashes or spaces

Enter Value Here

This field is required

Confirm SSN*

Enter Value Here

This field is required

Tax Information

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

All other fields are optional.

Form W-9 Certifications

You have chosen to submit your Form W-9 electronically. Please confirm the following certifications:

Tax ID Type

☑ The Tax ID number shown on this form is my correct taxpayer identification number

Backup Withholding

☑ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Citizenship

☑ I am a U.S. citizen or other U.S. person

Certification Instructions

You must uncheck item 2 ("Backup Withholding") above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II on page 3 of the IRS form W-9

Additional tax questions

if applicable

○ Data universal numbering system (DUNS)

○ Unique Entity ID (UEI)

Tax Classification*

This can be found on section 3 of your W-9.

Select an Option ▼

Generate Electronic W-9*

When you use PaymentWorks, we will create an IRS form W-9 for you automatically, unless you opt out. Electronic W-9's are convenient for you and provide enhanced security for your information. You may wish to opt-out of electronic W-9 generation if you have any exemptions (Section 4) or specific signature requirements (see instructions on page 4 and 5 of the W-9).

⦿ Yes

○ No

Form W-9 Certifications

You have chosen to submit your Form W-9 electronically. Please confirm the following certifications:

Tax ID Type

☑ The Tax ID number shown on this form is my correct taxpayer identification number

Personal Information

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

All other fields are optional.

Your Full Name or DBA (doing business as) Business Name*

Enter your full name, or your business name as you would like
it to appear on a check or other form of payment made out to you.

> Enter Text Here

This field is required

Telephone Number*

Please provide a phone number that is directly associated with your business. This should be a main line, office line, or other verifiable business contact number. We may use this phone number to contact you.

| | Enter Telephone Here | ext. |

This field is required

Preferred Email*

> Enter Email Here

Website

> Enter Value Here

Description of Goods or Services

> Enter Text Here

Company Information

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

All other fields are optional.

Business Name or DBA*

Enter the name you want to appear on Line 2 of the W9 form or on any checks/payments made out to you. This can be your full name, business name, trade name, DBA name, or disregarded entity name.

Enter Text Here

This field is required

Telephone Number*

Please provide a phone number that is directly associated with your business. This should be a main line, office line, or other verifiable business contact number. We may use this phone number to contact you.

Enter Telephone Here | ext.

This field is required

Preferred Email*

Enter Email Here

Website

Enter Value Here

Description of Goods or Services

Enter Text Here

If you are (Non-GW) registering to receive a 1-time payment for a Reimbursement, Prize, or Honorarium:

Please type in Honor, Reimbursement, or Prize in the Description of Goods or Services box.

When possible, please use abbreviations for your address such as Blvd, St, etc.

Primary Address

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

All other fields are optional.

Country*

Select an Option

United States ▾

Street 1*

Enter Text Here

Street 2

Enter Text Here

City*

Enter Text Here

State*

Select an Option ▾

Zip / Postal Code*

Enter Text Here

Remittance Address

☐ Same as Primary Address

Virtual Card is the preferred method of payment for business entities. Please reach out on registering. If Virtual Card is not used, please choose ACH and provide your banking information.

In the rare occurrence that a check is authorized, this needs to be done through a manual registration and will result in payment terms of Net60 and the inability to check the portal for payments.

Payment Information

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

All other fields are optional.

Bank Location Country

Select an Option

United States

Select a Payment Method and Term

Virtual Card
Term: Immediate

If you are contracting with the Medical Faculty Associates, please choose ACH. The MFA does not currently use the Virtual Card payment system.

ACH/Direct Deposit
Term: Net 30

Wire
Term: Net 30

Payment Information

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

All other fields are optional.

Bank Location Country

Select an Option

United States ▾

Select a Payment Method and Term

Virtual Card
Term: Immediate

The cost of virtual card comes with no extra fees from either PaymentWorks or GWU, although merchant processing fees may apply. Vendors often factor card acceptance into their pricing/overhead model.

For more information on virtual card visit JPMorgan's website: https://www.jpmorgan.com/payments/solutions/commercial-cards/ts-virtual-card or reach out to P2P@gwu.edu.

Please note - if you are contracting to work with the Medical Faculty Associates, they do not offer SUA/Virtual card payments. Please choose ACH/Direct Deposit.

ACH/Direct Deposit
Term: Net 30

Wire
Term: Net 30

Virtual Card Contact Name*

Enter Text Here

Virtual Card Contact Phone Number*

🇺🇸 ▾ | Enter Telephone Here | ext.

Virtual Card Contact Name*

Enter Text Here

Virtual Card Contact Phone Number*

🇺🇸 ▾ | Enter Telephone Here | ext.

Payment Notification Email Address*

Enter Email Here

*Screenshots for ACH and Wire are the same.

Banking Information

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

All other fields are optional.

Bank Name*

Enter Text Here

Name on Account*

Enter Text Here

Account Number*

Enter your bank account number without spaces or dashes.

Example: 123456789012

Enter Text Here

Confirm Account Number*

Enter Text Here

Account Type*

Select an Option

Banking Information

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

All other fields are optional.

Routing Number*

The routing number is a 9-digit code found on the bottom left of your checks or on your bank statements. It identifies the bank for transaction processing.

Important:
• Use the routing number designated for 'ACH' transactions to avoid payment delays.
• ACH routing numbers are often labeled as 'Electronic' or 'ACH' in your bank details.
• Do not use routing numbers labeled 'Wire' or 'International'—these are for different types of transactions.

Example Routing Number:
123456789

> Enter Text Here

SWIFT Code

This code identifies your bank internationally. It should be 8 or 11 characters long.

Example: DEUTDEFF

> Enter Text Here

Bank Validation File*

Please ensure the validation file you are uploading is in English and that the bank information in it matches what has been entered on this form. The file must be an image or PDF of one of the options listed below:

- Letter on company letterhead
- Voided check
- Voided deposit slip
- Letter from your bank
- Copy of a bank account statement

Warning: An invalid file may cause your registration form to be returned and delay your registration approval process.

Choose File

Banking Information

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

All other fields are optional.

Email Address for Payment Notifications *

Enter Email Here

Bank Authorization *

Customers using PaymentWorks and the financial institution named herein are authorized to automatically deposit monies to my account

☐ I Agree

Bank Address

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

All other fields are optional.

Country *

Select an Option

United States ▼

Street 1 *

Enter Text Here

Street 2

Enter Text Here

City *

Enter Text Here

State *

Select an Option ▼

Zip / Postal Code *

Enter Text Here

Additional Information

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

All other fields are optional.

Please contact isupplyGW@gwu.edu if you have questions related to the additional information section of the registration.

Supplier Category*

Select an Option

Choose One
US Individual
Non-US Individual
US Entity
Non-US Entity

Purchase Order Information

Do you accept Purchase Orders?*

Select an Option ▾

Additional Information

1099 Tax Information for Entities

Is your company being paid for any of the following?*

☐ Royalties or broker payments in lieu of dividends or tax-exempt interest

☐ Rents

☐ Services performed by someone who is not your employee

☐ Prizes and awards

☐ Other income payments

☐ Medical and healthcare payments

☐ Crop insurance proceeds

☐ Cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish

☐ Cash paid from a notional principal contract to an individual or partnership or estate

☐ Payments to an attorney

☐ Any fishing boat proceeds

☐ Nonemployee compensation (self-employment income)

☐ None of these statements are true

Vendor Information

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

All other fields are optional.

NIGP Codes

Please enter the NIGP codes that indicate the types of goods you will be providing.

Enter Text Here

Purchase Order Information

Do you accept Purchase Orders?*

Select an Option

Yes ▾

Please review the University's purchase order terms and conditions.*

Link to PO terms and conditions

☑ I have read the purchase order terms and conditions as outlined above.

Please provide your email address for purchase order delivery*

Enter Email Here
This field is required

If you are receiving a payment for an Honorarium, Reimbursement, or Prize, please use NIGP code: 963-00

For other codes, please search the list found here.

Vendor Information

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

All other fields are optional.

Insurance Information

Please indicate the type(s) of insurance you will be providing (select all that apply)*

Link to insurance requirements

☐ Commercial General Liability Insurance

☐ Workers Compensation and Employers Liability Insurance

☐ Business Automobile Insurance

☐ Cyber/Privacy Liability Insurance

☐ Professional Liability or Errors and Omissions Insurance

☐ I will not be providing insurance

This field is required

Accounts Receivable Contact Information

Accounts Receivable Contact Name*

Enter Text Here

This field is required

Accounts Receivable Contact Phone Number*

Enter Telephone Here | ext.

This field is required

Accounts Receivable Contact Email*

Enter Email Here

This field is required

Vendor Information

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

All other fields are optional.

Sales Contact Information

Sales Contact Name*

> Enter Text Here

This field is required

Sales Contact Phone Number*

> Enter Telephone Here

> ext.

This field is required

Sales Contact Email*

> Enter Email Here

This field is required

Diversity Information

Are you a Federally certified diverse business?*

> Select an Option ▼

This field is required

Are you a District of Columbia certified disadvantaged business?*

> Select an Option ▼

This field is required

Vendor Information

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

All other fields are optional.

Conflict of Interest Information

Instructions for Conflict of Interest section

If you are registering as an individual, please answer the following section on behalf of yourself only.

If you are registering on behalf of your company, please answer the following section on behalf of yourself and any other employees of your company.

Conflict of Interest Policy

Are you or are you aware of anyone at your company who is a current GW/MFA employee? *

Select an Option ▼

This field is required

Are you or are you aware of anyone at your company who is a former GW/MFA employee? *

Select an Option ▼

This field is required

Are you or are you aware of anyone at your company who is related to a GW/MFA employee? *

Select an Option ▼

This field is required

If the top of the screen shows a red circle, that field is not complete and needs to be updated.

PaymentWorks   ⤷

✦ Welcome   📧 Tax Information ❗   🏠 Addresses   🏛 Payment Information   📄 Additional Information

When all entries are complete hit Submit.

Your registration will now flow to Supplier Maintenance for review and approval. You will receive notice when you are approved or if more information is needed.