

Screenshots

VA Form 10091

TAX ID Information Payee Information Address/Bank Information Add Authorized Representative Contact/s Review

Welcome Venkata Nagu Krishna Kollisetty.
To get started, please enter your 9-Digit legal identification number registered with the IRS for the account you need to Add or Update in the VA's Financial System in the fields below.

Tax Identification Number/Social Security Number

Re-enter TAX ID/SSN

Request Type New (Enrolling with the VA Financial Services Center for the first time or adding a new location, select New)
 Update (If you are an Authorized Representative and need to update existing information, select Update)

Note: SAM Vendors: Please have your 12-character Unique Entity Identifier (UEI) and 4-digit EFT Indicator information readily available. Updates to your banking records must be made in SAM.gov.

Is the account that you are adding or updating registered with SAM.gov? Yes No

UEI
Alphanumeric, Ex: 1234567890AB

Notes

Enter any Notes/Comments

OMB Approved No. 2900-0046
Respondent Burden: 15 Minutes
Expiration Date: 01-31-2024

PRIVACY ACT STATEMENT:
The following information is provided to comply with the Privacy Act of 1974 (5 U.S.C. 552a). All information collected on this form is required under the provisions of 31 U.S.C. 3312 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

PAPERWORK REDUCTION ACT STATEMENT:
This information is collected in accordance with Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

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Payee/Vendor Information

Payee Type

Payee/Vendor Name DBA

Notes

Enter any Notes/Comments

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Current Payee Mailing Address

Address Line 1 *

 Address Line 2

 City * State * Zip *

Current Payee Bank Information

Routing Number * Bank Name *

 Account Number * Re-enter Account Number *

 Account Type *
 Checking Savings

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Authorized Representative Contact Information

Individual(s) designated on this form as "Authorized Representative(s)" are permitted to make changes to company information stored in the Veterans Affairs (VAs) financial system.
 It is strongly advised to designate a Primary and an Alternate representative. Once the vendor record is established, requests submitted by non-ARs will not be processed. Additionally, only ARs can add or remove other ARs from our database.

Examples of ARs:

- Company Owner
- Chief Financial Officer (CFO)
- Accounts Receivable Manager
- Accounting or Billing Representative

First Name * <input type="text" value="Venkata Naga Krishna"/>	Last Name * <input type="text" value="Kollisetty"/>
Official Title * <input type="text"/>	Email Address * <input type="text" value="venkata.kollisetty@va.gov"/>
Phone Number * <input type="text" value="1234567890"/>	Fax Number <input type="text"/>

[+ Add Additional Contact](#)

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> Payee/Vendor Information

> Address Information

> Bank Information

> Authorized Representative Information

I certify that the information submitted on this form is true and correct and I am authorized to submit this information. Per Title 18 U.S. Section 1001, anyone who knowingly falsifies this document may be subject to fines and/or up to five (5) years imprisonment.

Notes

Enter any Notes/Comments

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Finish