



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