

STATE OF OKLAHOMA GARNISHMENT VENDOR FORM

The State of Oklahoma requires the following information for all garnishment vendors (payees) before any payments can be made. This information is used to establish you in the State's vendor file or update existing information. Please complete all that applies.

AGENCY SECTION

Agency Name _____ # _____

Contact Name _____ Phone # _____ Fax # _____

Agency Contact Email Address _____

New Vendor (Continue with the section entitled "GARNISHMENT VENDOR SECTION")

Existing Vendor (Please complete the following, then continue with the section entitled "GARNISHMENT VENDOR SECTION")

Vendor ID Number _____

Replacement Address

Additional Address

GARNISHMENT VENDOR SECTION

Vendor Tax Identification _____ -OR- Social Security Number _____

Is Payee an Attorney? Yes No

Payee Name

| Phone # | Fax #

Remit Address

PO Box or Street

| City, State, 9-Digit Zip Required | E-Mail Address

State Agency, fax vendor completed and signed form to OMES, Attention Vendor Maintenance 405-521-3383.

OMES USE ONLY	Date Posted:	By:
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