

## Account Already Exists

Step	Action
1.	You may already have an ACT Account, e.g., for the Career and College Readiness Information System (CCRIS).
	In that case, the system will indicate your account already exists and prompt you to sign in using that account.

ACT   Supplier Registration and Payment System		
Our records indicate that an account for		
account.		
If you need assistance, please contact ACT at 877-789-2925.		
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Step	Action
2.	Click the Sign in with this account. link.



<b>ACT</b>   Supplier Registration and Payme	ent System	Sign In
Sign in		
Email	Don't have an account? • Sign up for an ACT account	
Password	Need a reminder?	
Sign In	l forgot my password.	
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Step	Action
3.	Enter your existing email address/user ID into the Email field.
4.	Enter the associated password into the <b>Password</b> field. Remember: You can use the "I forgot my password" link if you forgot it.
5.	Click the Sign In button. Sign In





Step	Action
6.	Since your account already exists, continue by registering as a supplier. This is necessary for you to be paid.
	Click the My Supplier Registration button.



	iplier Portal	Diagnostics
Supplier Registration		
Please complete your supplie Indicates required field	r registration and then press Save and Continue to Next Step button at the bottom of the page.	
Supplier Type		
* Do you or will you w	which at a test center during the administration of a test? $\bigcirc$ Yes $\bigcirc$ No	
* Have you been or wi	i you be either an item writer or an item reviewer? $$\bigcirc$ Yes $$\bigcirc$ No	
Supplier Information		
Enter your address where Supplier Name	you will receive your tax documents and other ACT materials. KIRK WALKER	
Country	United States	
* Address		
* State/Region	▼	
Province		
* City/Town/Locality		
* Postal Code		
* Phone Number		
Tax Information		
Are you a U.S. Person, as	defined in the <u>W-9/W-8 BEN certification?</u> O No	
* Social Security Num	ber or U.S. Taxpayer Identification Number	
I account the Terms	and Conditions for MI QAM D	
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Step	Action
7.	Reply to:
	"Do you or will you work at a test center during the administration of a test?"
	Click the <b>Yes</b> option.
	<b>IMPORTANT</b> - Test Center Supervisors and workers must not skip this step.
8.	The system will require you to accept the related terms and conditions.
	Click the ACT Terms and Conditions applicable for Test Center Workers link to view the terms.
9.	Click to check the <b>I accept</b> option.
10.	Respond to: "Have you been or will you be either an item writer or an item reviewer?
	Click the <b>Yes</b> or <b>No</b> option. If yes, read and accept the related terms and conditions.
11.	Because you already have an account, the system knows and displays your name. Enter your address information into the <b>Address</b> field.
12.	Select your state from the <b>State/Region</b> list of values.
13.	Enter your city or town name into the City/Town/Locality field.



Step	Action
14.	Enter your ZIP code into the <b>Postal Code</b> field.
15.	Enter your telephone number into the <b>Phone Number</b> field.
16.	Click the <b>W-9/W-8 BEN certification</b> link for information about W9/W-8 certification, if needed. Accept the Yes option if you are a U.S. person so defined. Otherwise, select the <b>No</b> option. <u>W-9/W-8 BEN certification?</u>
17.	Enter your social security (SSN) or Taxpayer ID (TIN) into the <b>Social Security Number</b> or U.S. Taxpayer Identification Number field.

Supplier Information		
Enter your address where Supplier Name	you will receive your tax documents and other ACT materials. KIRK WALKER	
Country	United States	
* Address	1100 Clinton St	
* State/Region	IOWA 💌	
Province		
City/Town/Locality	IOWA CITY	
* Postal Code	52240	
* Phone Number	319-555-1212	
Tax Information		
* Social Security Nun	iber or U.S. Taxpayer Identification Number 610 01 0005 and Conditions for W-8/W-9.	
Preferred Payment Me	thod Original Direct Deposit Original Operation Operatio	
I agree to the Direc	t Deposit/Pay Card authorization.	
Click to Register		
Save and Continue to Ne	xt step)(Cancel)	
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Step	Action	
18.	If you selected Yes, you will also need to accept W-8/W-9 terms and conditions	
	Click the I accept the Terms and Conditions for W-8/W-9 link to view them. accept the Terms and Conditions for W-8/W-9.	
19.	Click to check the <b>I accept</b> option.	



Supplier Information		
Enter your address where	you will receive your tax documents and other ACT materials.	
Country		
* Address	1100 Clinton St	
* State/Region	IOWA	
Province		
* City/Town/Locality	IOWA CITY	
* Postal Code	52240	
* Phone Number	319-555-1212	
Tax Information		
✓ Laccept the Terms	and Conditions for W-8/W-9.	
Payment Preference		
Preferred Payment Me	orbinect Deposit	
I agree to the Direc	t Deposit/Pay Card authorization.	
Click to Register		
Save and <u>C</u> ontinue to Ne	ext step) Cancel	
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Step	Action
20.	Enter your payment preference.
	If you need information about the Direct Deposit or Pay Card options to decide, click on the appropriate link.
21.	Click to check the <b>Direct Deposit</b> or the <b>Pay Card</b> option.
22.	Click the <b>I agree</b> option to accept direct deposit or authorize payment by pay card.
23.	Click the Save and Continue button to complete registration.



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Confirmation: Registration Initiated		
ank you for completing the ACT supplier registration using PayCard.		
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Step	Action
24.	If you selected Pay Card, you will receive the confirmation message.
	If you selected Direct Deposit, you will be prompted to enter additional information

🖉 Add Bank Account - Windows Inter	net Explorer					
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Step	Action
25.	For Direct Deposit:
	Use the Add Bank Account page to supply the information required for Direct Deposit.
	Enter your bank routing number into the <b>Bank Routing Number</b> field.
	(This is a 9-digit number found at the bottom left corner on most checks).
26.	Press [Tab].
	If you have entered a valid bank number, the system will populate the Branch Name and Bank Name associated with the routing number.
27.	Enter the account number you want to receive your payment into the <b>Bank Account Number</b> field.
28.	Re-enter the account number into the <b>Reenter Bank Account Number</b> field to verify your entry.
29.	Enter your name as it appears on your account into the Account Holder Name field.
30.	Click the Account Type drop-down list button.

🖉 Add Bank Account - Windows Inter	net Explorer			
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Country	United States			(cancel) (reply)
* Bank Routing Number	073000545			
* Branch Name	EP-IA-2383			
* Bank Name	USBANK			
* Bank Account Number	999999999991			
* Re-Enter Bank Account Number	999999999991			
* Account Holder Name	Kirk Walker	Í		
Account Type	Checking Savings	work work	er can not be used for Direct Dep	oosit/ACH payments,
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Done.			S Local intranet	🔍 100% 🔹



Step	Action
31.	Select Checking, or Savings, from the list of values. Checking
32.	Click the <b>Apply</b> button.



Step	Action
33.	Use the <b>Bank Account Details Review</b> page to verify that the information is correct.
	Click the <b>Confirm</b> button if correct.



Confirmation - Windows Internet Explorer	
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Step	Action
34.	Once you submit your bank information the system will display the <b>Confirmation</b> page.
	Click the <b>Return to Home</b> button or hyperlink.
35.	You have completed your registration and payment preferences.
	Click the Sign Out link. Sign Out
36.	
	End of Procedure.