

Accounts Payable Direct Deposit Enrollment and Change Form

Supplier Name	Supplier ID# or Student ID #	Type of Direct Deposit Request	
		New	Change
Supplier Address (Street, City, State, Zip)	Supplier Phone #	Employer Tax I.	D. # or SSN last 4 #s
Email Address (for Remittance)	2nd Email Address (recommended)	Type of Direct Deposit Account	
		Checking	Savings
Financial Institution Name(US BANKS ONLY	′)		
Financial Institution Routing #	Direct Deposit Account	t #	
NEW Financial Institution Routing ₩ change	ing (#f change) NEW Direct Deposit Account # (if change)		
By signing this form, I authorize the Curators	s of the University of Missouri to initiate e	electronic credit e	ntries to the account provided.
Supplier Signature	Supplier Contact Name	<u> </u>	Pate
University Department attach copy to Supplier Registration Form within PeopleSoft. Training Guide clickHERE		L	ast updated: 05/2019