



## Accounts Payable Direct Deposit Enrollment and Change Form

Supplier Name	Supplier ID# or Student ID #	Type of Direct Deposit Request	
		New	Change

Supplier Address <b>(Street, City, State, Zip)</b>	Supplier Phone #	Employer Tax I.D. # or SSN last 4 #s	
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Email Address <b>(for Remittance)</b>	2nd Email Address <b>(recommended)</b>	Type of Direct Deposit Account	
		Checking	Savings

Financial Institution Name **(US BANKS ONLY)**

Financial Institution Routing #	Direct Deposit Account #
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NEW Financial Institution Routing # <b>(change)</b>	NEW Direct Deposit Account # <b>(if change)</b>
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By signing this form, I authorize the Curators of the University of Missouri to initiate electronic credit entries to the account provided.

Supplier Signature	Supplier Contact Name	Date
		<input style="width: 80px; height: 20px;" type="text"/>

University Department attach copy to Supplier Registration Form within PeopleSoft.

Training Guide click [HERE](#)

Last updated: 05/2019