

UNIVERSITY OF MISSOURI - COLUMBIA

NON-PAYROLL DIRECT DEPOSIT (ACCOUNTS PAYABLE)

FINANCIAL INSTITUTION REQUEST

Payee Name	Business Federal I.D. Number
Payee Signature	VEND ID #/EMPLID #/Student ID #
Email address (Required for all Payees) Please PRINT CLEARLY	Date
Financial Institution Name (Bank)	
Financial Institution Address (Street, City, State, Zip)	
Type of Account (Check One Only) Checking _____ Savings _____	Account Number
PLEASE ATTACH A BLANK VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP from the account to which you would like your reimbursement deposited, and return it to Office of the Controller, Attn: Accounts Payable, 1000 W Nifong, Bldg 7-Ste 300, Columbia, MO 65211 THE FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO SET-UP DIRECT DEPOSIT	

Last updated March 29, 2012