Accounts Payable Shared Services
University of Missouri System

# 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 #

NEW Financial Institution Routing # *(if change)*

NEW Direct Deposit Account # *(if change)*

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

***University Department*** - attach copy to Supplier Registration Form within PeopleSoft.
Training Guide click HERE

Last updated: 05/2019