



## 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