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