



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 # (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