

UT THE UNIVERSITY OF TENNESSEE

VENDOR PAYMENT CHANGE REQUEST

Please complete the required fields below. Both pages of this form must be returned. Please call (865)974-3086 if you need assistance.

Vendor Name: _____ SSN/FEIN _____

Vendor Contact: _____ Email: _____

(Required for e-Payables and Direct Deposit/ACH)

Phone: _____

What type of change is being requested? (Check all that apply)

Payment Method Bank Account Information Contact Information

Physical Address Change

Remittance Address Change

(Requires new W-9)

For payment method changes, please select a payment method:

Epayable – This is the fastest payment method with terms of Net 0. **To accept this payment method, vendor must be equipped to process credit card payments.** For each payment, the vendor will receive a secure electronic remittance advices containing a one-time use card number and payment information. You will not need to keep a card number on file. A new card number will be provided with each payment.

Direct Deposit/ACH – **You are only eligible for this payment method if you have a bank account with a bank located in the United States. (If your information contains a SWIFT code, then your account is not with a US bank).** The payment will be direct deposited into your bank account within 30 days after the invoice date or the date the goods or services were provided, whichever is later. To process payments via ACH, the University needs your bank routing number and bank account number, which can be located on your checks.

Bank Name _____ Account Type Checking Savings

Routing # (9 digits) _____ Bank Account # _____

Check (Foreign Vendors Only)

For Bank Account changes, please provide the following information:

Previous bank routing number _____

Previous bank account number _____

New bank routing number _____

New bank account number _____

New bank account type Checking Savings

For contact information changes, please provide the following information:

Prior contact information:

Name _____

Email _____

Phone _____

New contact information:

Name _____

Email _____

Phone _____

Physical Address Change

Remittance Address Change

(W-9 Required)

Prior Address:

Street or PO Box _____

City, State, Zip _____

Phone _____

New address:

Street or PO Box _____

City, State, Zip _____

Phone _____

Certification

Under penalties of perjury, I certify that the above information is complete and accurate. If direct deposit is the method selected, I hereby authorize The University of Tennessee to automatically deposit payment for invoices into our account at the financial institution listed. I also authorize withdrawal transactions from the account, limited to the amount of the original deposit, in the event of an overpayment or erroneous deposit. This authorization will remain in effect until The University of Tennessee has received, in writing, our cancellation notification.

Signature of Authorized Individual

Date

Printed name and title