Southeastern Louisiana University
VENDOR SETUP FORM

Complete and FAX to (985) 549-3802 Questions? Call (985) 549-2068 or send an email to acctspayable@selu.edu

Type of Request ☐ **Tax Id** ☐ **Legal Name** ☐ **Entity Type** ☐ **Banking Information**

☒ **New Request** ☐ **Change – Select type(s) of change** ☐ **Remit Address** ☐ **Order Address** ☐ **Contact Information**

Taxpayer Identification Number (TIN) (Provide ONE only)

Social Security Number (SSN) ___ - ___ - ___

Employer Identification Number (EIN) ___ - ___

Individual Taxpayer Identification Number (ITIN) ___

Supplemental Information

Are you a Foreign Individual/Organization (Non-US Citizen)? ☐ Yes ☐ No

Are you a current or retired member of Teacher's Retirement System of LA (TRSL)? ☐ Yes ☐ No

Entity Name-Must provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name)

Legal Name: _____ DBA: (if applicable) _____

Remit To Address and Contact

Street Address or PO Box: _____

City: _____ State: _____ Zip Code: _____

Region/Province: _____ Country: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Financial Institution Information (Direct Deposit Payment)

Bank Name: _____ ☐ Check here if outside the United States

Bank Address: _____ Country: _____

City: _____ State: _____ Zip Code: _____

Nine Digit Routing Number: _____ Bank Account Number: _____ ☐ Checking ☐ Savings

Order information, if different

Street Address or PO Box: _____

City: _____ State: _____ Zip Code: _____

Region/Province: _____ Country: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

I hereby authorize and request Southeastern Louisiana University to initiate credit entries and if necessary, a debit entry in accordance with National Automated Clearing House Association (NACHA) rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment is to remain into effect until withdrawn by written notification to the University.

☐Yes ☐ No – Will the payments you receive from Southeastern Louisiana University be deposited/transferred to an account outside of the United States? (Yes means receipts are transferred outside the U.S. No means receipts are not transferred outside the U.S.)

Signature below signifies the acceptance of the above terms and conditions:

_____ _____ _____

Signature Job Title Date

To be complete by Accounts Payable personnel:

Vendor# _____ Date: _____ Entered by: _____