Southeastern Louisiana University SUPPLIER SETUP FORM

Complete and FAX to (985) 549-3810 Questions? Call (985) 549-2064 or send an email to purchasing@southeastern.edu ☐ Legal Name ☐ Entity Type ☐ Banking Information *****Type of Request ☐ Tax Id ☐ Order Address ☐ Contact Information ☐ New Request \Box Change – Select type(s) of change ☐ Remit Address ***Taxpayer Identification Number (TIN)** (Provide ONE only) Individual Taxpayer Identification Number (ITIN) Social Security Number (SSN) Employer Identification Number (EIN) *****Supplemental Information Are you a Foreign Individual/Organization (Non-US Citizen)? 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: (if applicable) **Remit To Address and Contact** Street Address or PO Box: City: Zip Code: State: Region/Province: Country: Title: Contact Name: Phone: Fax: E-Mail: **Financial Institution Information (Direct Deposit Payment)** ☐ Check here if outside the United States Bank Name: Country: Bank Address: Zip Code: City: State: ☐ Checking ☐ Savings Nine Digit Routing Number: Bank Account Number: **Order Information Email: Accounting Department Information** Contact Name: Title: Phone: 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 The electronic payment is to remain into effect until withdrawn by written notification to the University.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 completed by Accounts Payable personnel:

Date: _____ Entered by: ___

Vendor#