

**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](mailto:acctspayable@selu.edu)

<b>*Type of Request</b> <input type="checkbox"/> New Request <input type="checkbox"/> Change – Select type(s) of change	<input type="checkbox"/> Tax Id <input type="checkbox"/> Legal Name <input type="checkbox"/> Entity Type <input type="checkbox"/> Banking Information <input type="checkbox"/> Remit Address <input type="checkbox"/> Order Address <input type="checkbox"/> Contact Information
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**\*Taxpayer Identification Number (TIN)** (Provide ONE only)  
Social Security Number (SSN)  -  -  or Federal Employer Identification Number (FEIN)  -

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

**Remit To Address and Contact**

Name To Make Payment To, if different than above: \_\_\_\_\_  
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, and 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 The electronic payment is to remain into effect until withdrawn by written notification to the University.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 – Please check the appropriate box to indicate if the payments you receive are deposited in a U.S. Financial Institution and transferred to an account outside the United States. Yes means receipts are transferred outside the U.S. No mean receipts are not transferred outside the U.S.

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

<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
Signature	Job Title	Date

To be complete by Accounts Payable personnel: Vendor# _____ Date: _____ Entered by: _____
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