

NICHOLLS STATE UNIVERSITY
VENDOR SETUP FORM

Revised 9/6/2023

Complete and FAX to 985-448-4921 Questions? Call (985) 448-4038

*** Type of Request**

New Request

Change – Select type(s) of change

Tax ID Legal Name Entity Type Banking Information

Remit Address Order Address Contact Information

*** 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: _____

Phone: _____ Fax: _____ E-Mail: _____

Provide bank verification - voided check or direct deposit form from bank

Financial Institution Information (Direct Deposit Payment) with account number and financial institution routing number.

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: _____

Phone: _____ Fax: _____ E-Mail: _____

I hereby authorize and request Nicholls State University to initiate credit entries and if necessary, and debit entry in accordance with National Automated Clearing 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 The electronic payment is to remain into effect until withdrawn by written notification to the University.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. Checking "yes" means receipts are transferred outside the U.S. Checking "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:

Vendor # _____ Date: _____ Entered by: _____