

NICHOLLS STATE UNIVERSITY
VENDOR SETUP FORM

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

Revised 9/6/2023

*** 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: _____

Financial Institution Information (Direct Deposit Payment) **Provide bank verification - voided check or direct deposit form from bank 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 The electronic payment is to remain into effect until withdrawn by written notification to the University.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: _____