



CHRISTIAN BROTHERS UNIVERSITY NEW VENDOR SETUP

650 East Parkway South
Memphis, TN 38104
vendorforms@cbu.edu

CBU Department Contact *(Please list the primary CBU employee or department you will be working with.)*

NAME

EMAIL

Name of Individual or Business Name *(If sole proprietor, please list name of owner and name of business.)*

NAME

ENTER SOCIAL SECURITY NUMBER **OR** EMPLOYER ID NUMBER/FEIN*

* *If you are a sole proprietor, please provide the SSN or EIN to correspond with your invoices.*

If you are choosing to be paid as an individual, provide SSN; if you are choosing to be paid to your business, provide EIN

Permanent Residence/Corporate Office Address

ADDRESS

CITY/STATE/ZIP

PHONE

FAX

E-MAIL

Payment Address *(if different from above)*

NAME (PLEASE USE THE BUSINESS OR INDIVIDUAL NAME THAT CORRESPONDS WITH YOUR INVOICES)

ADDRESS

CITY/STATE/ZIP

PHONE

FAX

E-MAIL

We will accept the following methods of payment (check all that apply): Credit Card ACH/Direct Deposit Check

The following discount is given for early payment: _____

Individuals: Please check the appropriate classification.

- U.S. Citizen**
U.S. citizens must attach W-9.
- Resident Alien**
Resident aliens must provide a copy of their Permanent Resident Card when submitting this form
- Non-Resident Alien**
Non-resident aliens must attach W-8 BEN.

Business: Please check the appropriate classification.

- U.S. Company**
U.S. companies must attach W-9.
- Foreign Vendor with US Presence**
Foreign Vendors with US Presence must attach W-8 ECI
- Foreign Vendor**
Foreign Vendors must attach W-8 BEN or W-8 EXP as appropriate



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Vendor ACH/Direct Deposit Authorization

Please check one: New Direct Deposit Change Direct Deposit Cancel Direct Deposit

Vendor/Payee Information

NAME

ADDRESS

CITY/STATE/ZIP

CONTACT PERSON

PHONE

EMAIL

Financial Institution Information

BANK NAME

BANK ADDRESS

CITY/STATE/ZIP

NAME ON BANK ACCOUNT

ACCOUNT NUMBER

NINE-DIGIT BANK ROUTING NUMBER (ABA)

Type of Account: Checking Savings

Approvals/Authorizations

I certify that the information provided on this form is correct, and I hereby authorize Christian Brothers University to electronically deposit payments to the bank account designated above. It is my responsibility to notify accountspayable@cbu.edu immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice paid. I understand that I must notify accountspayable@cbu.edu immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until accountspayable@cbu.edu has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven to ten business days.

SIGNATURE

DATE

Please return this form to vendorforms@cbu.edu