DIRECT DEPOSIT FORM

DEAR VENDORS:

IF YOU CURRENTLY ARE RECEIVING A PAPER CHECK, BUT WOULD LIKE TO RECEIVE YOUR PAYMENTS ELECTRONICALLY VIA DIRECT DEPOSIT ALONG WITH THE EMAIL NOTIFICATION, PLEASE PROVIDE ALL THE FOLLOWING INFORMATION IN THE SPACES PROVIDED BELOW.

Payee Name:			
	Supplier ID (Miami Use Only):		
Bank Name:			
9-Digit Routing Number:			
Account Number:		Checking_	Savings
Change to current direct deposit information: Yes No			
Last four digits of the former bank account number:			
Taxpayer ID:			
Email Address for Payment Details: _		Phone	Number:
Authorized Signature:	Prir	nted Name: _	
For questions, contact our office at (513)529-9200 or via email at AccountsPayable@miamioh.edu.			
Mail Form To:	Fax Form To:	E-mail	Form To:
Accounts Payable	Accounts Payable	Acco	untspayable@MiamiOH.edu



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