

Purpose of This Form: To offer payment options in US dollars as well as in campus local currencies to its international suppliers that wish to receive payment for goods and services through electronic funds transfer. This form can also be used for non-employee expense report and non-qualified scholarship (NQS) payees who wish to receive payment through electronic funds transfer. The advantage to this form of payment is funds are electronically deposited directly into the payees' designated bank account through Automated Clearing House (ACH).

[View instructions for completing this form here.](#)

Please select your region: US International Request Type (check one): Initiate Alter

Supplier/Payee Information

Supplier/Payee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Contact Name: _____ Contact Phone #: _____

E-mail (required): _____

Bank Information

Bank Name: _____ Bank Account Type: Savings Checking

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

DOMESTIC ONLY: Bank Routing Number: _____ Bank Account Number: _____

INTERNATIONAL ONLY: Bank Account Number: _____
Note: Supplier banks which have adopted the ISO International Bank Account Number (IBAN) standard must ensure a complete IBAN number is provided in the account number line. For example, Qatar IBAN numbers are 29 digits in the following format: QAKK QNBA 0000 0000 1234 123456 123.

S.W.I.F.T. Code (8 or 11 characters): _____

Other International Bank Code (e.g., BSB, Sort, Transit, ISBC): _____

Currency: US Dollars (USD)

Note: A CMU representative will contact the supplier to verify the banking information provided.

Remittance

Email address for remittance: _____

Signature & Agreement: By signing this form, Supplier/Payee agrees that the information provided on this form is true and correct. The Supplier/Payee agrees to timely submit updated information in the event the information provided is no longer true and correct by completing and returning to CMU an updated Supplier Information Form.

Supplier/Payee Authorized Representative **Signature** **Date**

Title **E-Mail Address** **Phone Number**

Finance Division Use Only

Reviewed by: _____ Date: _____

Maintained by: _____ Ledger: _____

Bank in EPLS? Yes No

**Submit completed form to Accounts Payable
at ap-supplier-doc@andrew.cmu.edu.**