



## Supplier Registration Form

Individuals

(Revised 3-2024)

☐

New Vendor

☐

Update Vendor Info

UNIVERSITY USE ONLY

Banner Vendor #: \_\_\_\_\_

This form must be submitted with a **completed IRS W-9** form from the vendor. If a completed W9 is not received, your company will not be added to the University database. **Link to IRS W-9 documents:** <https://www.irs.gov/pub/irs-pdf/fw9.pdf> **Mail or E-Mail completed forms to:**

University of Central Missouri  
Accounts Payable  
415 E Clark Street, Suite 116  
Warrensburg, MO 64093

Phone Number: (660)543-4700

Email: [accountspayable@ucmo.edu](mailto:accountspayable@ucmo.edu)

**Payment Terms are Net 30, unless otherwise stated and agreed to by the University.**

Signature\*:

Date:

Printed Name:

Title:

\* I Certify that I have carefully examined this form and I have determined that to the best of my knowledge and belief, the information provided is complete and accurate.

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Postal Code \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

☐ Yes

☐ No

Are you or any Officer, Owner or Partner in this company an employee of University of Central Missouri?

☐ Yes

☐ No

Are any family members employees of University of Central Missouri?  
If yes, please state who:

# University of Central Missouri

## ACH Payment Agreement Form

☐ Initial Enrollment ☐ Modify/Update

Vendor Name:

UCM Vendor Number:

### Declaration:

I (we) hereby authorize **University of Central Missouri** (hereafter UCM) to initiate ACH automatic deposits (credits) to my account at the financial institution named below. Additionally, I authorize **UCM** to make necessary debit adjustments in the event a credit entry is made in error.

Further, I agree not to hold **UCM** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my institution or due to an error on the part of my financial institution in depositing funds into my (our) account. I will notify UCM immediately of any changes made to my checking account.

This agreement will remain in effect until **UCM** receives written notification of cancellation from me or my financial institution. Upon receipt of notice, I understand **UCM** will need 72 hours to comply with the request and interim deposits may occur.

### Vendor Information:

Remit Phone Number:

Remit Fax Number:

Remit Email Address:

### Vendor Banking Information:

Name of Financial Institution:

Branch / State:

Routing Number:

Checking Account Number:

### Vendor Authorization:

Name:

Title:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_