



# CHRISTIAN BROTHERS UNIVERSITY NEW VENDOR SETUP

650 East Parkway South  
Memphis, TN 38104  
(901) 321-3248  
procurement@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](mailto: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](mailto: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](mailto: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](mailto:vendorforms@cbu.edu)