

**VENDOR  
UPDATE  
FORM**

**ALABAMA STATE UNIVERSITY PROCUREMENT DEPARTMENT**

1301 West Fifth St, Facilities Mgmt Building, Room 104 Montgomery, AL 36104

Phone: 334- 229-4406 • Fax: 334- 229- 4954

PLEASE EMAIL FORM & REQUIRED ATTACHMENTS TO: Procurement@alasu.edu

cc: Procurement Members



**Document must Be Completed University Official's ONLY**

**CIRCLE ONE:**                    **NEW ADDRESS**    **NAME CHANGE**    **ACH CHANGE**    **REMIT ADDRESS**

Vendor Name: \_\_\_\_\_

PeopleSoft Supplier ID (*Must be included to make changes*) : \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Requested By: (Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

(Position) \_\_\_\_\_ (Date) \_\_\_\_\_

**PLEASE INDICATE VENDOR TAX CLASSIFICATION BELOW (1099 TAX REPORTABLE PAYMENTS):**

**CIRCLE ONE:**                    **BUSINESS**                    **PROFESSIONAL**                    **INDIVIDUAL**

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

TIN/EIN #: \_\_\_\_\_

SSN #: \_\_\_\_\_

**ADDRESS / REMIT (CHECK "PAYMENT" ADDRESS):**

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ACH PAYMENT: Please attach VOIDED CHECK or DIRECT DEPOSIT FORM**

Bank Name: \_\_\_\_\_

Account Type (CIRCLE): CHECKING or SAVINGS

Bank Routing #: \_\_\_\_\_

VERBALLY CONFIRMED WITH VENDOR P.O.C.

☐

Bank Account #: \_\_\_\_\_

WRITTEN CONFIRMATION FROM VENDOR P.O.C.

☐

Request Submitted on Company Letterhead, Voided Check or Direct Deposit Slip from New Account:

☐

**VENDORS WILL NOT BE APPROVED WITHOUT FEDERAL TAX ID (OR SSN#) and A W-9 (W-8) FORM.**

Procurement Approver: \_\_\_\_\_

Date: \_\_\_\_\_

Requesting Department Notified that Processing is Complete

Date: \_\_\_\_\_