



ELECTRONIC PAYMENT REQUEST FOR VENDOR/SUPPLIER

Company Information:

New Change

Company Name: _____

Company Address: _____

Telephone Number: _____ Tax ID Number: _____

Bank Information:

Bank Name: _____

Bank Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Bank Routing Number: _____ Checking Savings

Bank Account Number: _____

Bank Account Holder Name: _____

SWIFT Code _____ IBAN(if available): _____
Wire Only Wire Only

Authorization:

I certify that the information above is true and correct, and that I, as a representative for the above names company, hereby authorize Sonoma State University and its related Auxiliaries (SSE, ASI and FDN) to electronically deposit payments to the designated bank account. This authority remains in full force until Sonoma State University receives written notification requesting a change or cancellation. Sonoma State University reserves the right to cancel this service at any time. A new authorization must be completed if I make any changes to the above information. Sonoma State University only remits in US dollars. I understand that I'm responsible for information being provided, should an error be made, the above referenced company will be fully responsible for any investigation, fees, or recouping funds associated with the error in information.

Signature: _____ Date: _____

Printed Name and Title: _____

Phone Number: _____ Email: _____

*** A voided check or letter from bank is required to process this request.

Submit the completed form to the secure upload at: <http://finance.sonoma.edu/accounts-payable>

Postal Mail:

Sonoma State University
AP Manager
1801 East Cotati Ave.
Rohnert Park, CA 94928

AP USE ONLY: Supplier ID _____ Approval _____ Date _____
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