**Accounts Payable Supplier Electronic Funds Transfer Form (alternate format)**

**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 at <https://www.cmu.edu/finance/forms/files/eft_instructions.pdf>.
**Submit completed form to Accounts Payable at** **ap-supplier-doc@andrew.cmu.edu****.**

**Supplier/Payee Name**:

**Address**:

**City/State/Zip Code/Country:**

**Contact Name : Contact Phone Number:**

**Email address for remittance (required):**

**Please Select Region:** [ ]  International [ ]  U.S.

**Note:** A CMU representative will contact the supplier to verify the banking information provided. Payment will not be made until the banking has been verified by Accounts Payable.

**BANK INFORMATION**

**Bank Name:**

**Bank Address:**

**Country:**

**U.S. Bank Routing Number: U.S. Bank Account Number:**

**Bank Account Type:** [ ]  Savings [ ]  Checking/Current

***International Only***

**Bank Account Number:**

**Note:** Banks which have adopted the ISO International Bank Account Number (IBAN) standard must ensure a complete IBAN account 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, IFSC)**:

**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.

**Printed Supplier Payee Authorized Representative:**

**Signature of Authorized Representative: Date:**

**Title:**

**Email Address: Phone Number:**