



Supplier Address or Name Update

Section 1: Identifying Information

Tax Identification Number:

EIN or SSN

Legal Name:

Business Name, Doing Business As:

Section 2: Old Address (Required to CHANGE an address)

Address:

City:

State:

ZIP:

Section 3: Additional Address/New Remit to Address

Change address or Additional address

Remit Name:

If a check is written, this will be the name on the payment.

Address:

City:

State:

ZIP:

Section 4: Contact Person

Name:

Phone:

Email:

Fax:

Section 5: Previous Name Information

Previous Legal Name:

Previous Doing Business As Name:

Section 6: New Name Information

New Legal Name:

Line 1 of W9 (entity taxes will be filed under)

New Doing Business As Name:

If a check is written, this will be the name on the payment.

Section 7: Reason for Change/Comments

Section 8: Read the Agreement, sign & date

*Only **Authorized** individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of the organization named in Section 1, and are lawfully able to initiate changes to banking information.*

Fraudulent conveyances are punishable offenses.

Supplier Signature

Date

Type Signature Name

Campus Use Only:

Supplier ID:

LOC:

Address ID:

Out of band verification

By:

Institution:

Date:

Steps taken: