



WORKDAY SUPPLIER ADD FORM

Supplier Name:	
Main Address:	Mailing Address (if different):
Remittance Address (if different):	Contact Person:
Phone Number:	Fax Number:
Payment Net Terms:	E-mail Address:

***W-9 form is required. Please attach the W-9 form to this request.**

SUPPLIER DIRECT DEPOSIT INFORMATION (U.S. ACH Transmittal Only)

Bank Name: _____ **Bank Routing #:** _____
 (Should be 9 digits)

Account #: _____ **Account Type:** Checking or Savings

Initial

I certify that I am providing my bank account information and that it is complete and accurate. I understand that the direct deposit process takes two additional working days for the payment to go into my bank account. I understand that if I have provided incorrect information or if my account has closed, it can take up to two working weeks for me to receive a check or have the funds deposited again. I understand that if my bank account changes, it is my responsibility to notify Accounts Payable in Financial Services.

Supplier's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY	
Verified Identification By (Print):	Supplier ID#:
Date entered into Workday:	Last Updated:

Last Updated 08.28.18