

To set up direct deposit with the University of Rhode Island, complete this form, attach a copy of a voided check or savings deposit slip and email [vendorw9@etal.uri.edu](mailto:vendorw9@etal.uri.edu)  
For questions email [vendorw9@etal.uri.edu](mailto:vendorw9@etal.uri.edu)

**Supplier/Company Information:**

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

Supplier Address: \_\_\_\_\_

Tax ID No: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

Email for remit: \_\_\_\_\_

**Banking Information:**

Name & City of Receiving Bank: \_\_\_\_\_

Routing / Transit (ABA): \_\_\_\_\_

Account No: \_\_\_\_\_

Account Type: (select one)      Checking      Savings

**URI Supplier Authorization:**

We acknowledge the origination of ACH transactions to my (our) account comply with the provisions of US law. I (We) hereby authorize URI to initiate credit entries to my (our) account.

Name & Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Original or Certificate Digital Signature only

Complete this form with original signature and date, attach a copy of a voided check or savings deposit slip and email to [vendorw9@etal.uri.edu](mailto:vendorw9@etal.uri.edu) For questions email [vendorw9@etal.uri.edu](mailto:vendorw9@etal.uri.edu)

Accounts Payable Use Only

Supplier ID:	Entered On:	Entered By:	Verified by: