

**UPDATE  
VENDOR  
FORM**

ALABAMA STATE UNIVERSITY PROCUREMENT DEPARTMENT  
1301 West Fifth, Facilities Mgmt. Building, Room 104 Montgomery, AL 36104  
Phone: 334- 229-4406 · Fax: 334- 229- 4954  
PLEASE EMAIL FORM & REQUIRED ATTACHMENTS TO: Procurement@alasu.edu  
CC: Procurement Members

**This document is to be filled out by a University Official Only**

CIRCLE ONE:      **ADDRESS CHANGE    NAME CHANGE    ACH CHANGE    REMIT ADDRESS**

Vendor Name \_\_\_\_\_  
PeopleSoft Supplier ID \_\_\_\_\_  
Requested By \_\_\_\_\_ DATE \_\_\_\_\_  
Email \_\_\_\_\_

PLEASE INDICATE VENDOR TAX CLASSIFICATION BELOW (#1099 TAX REPORTABLE PAYMENTS):

CIRCLE ONE:      **BUSINESS                  PROFESSIONAL/INDIVIDUAL**

Name \_\_\_\_\_  
TIN/ EIN # \_\_\_\_\_  
SSN # \_\_\_\_\_

**ADDRESS/ REMIT (CHECK "PAYMENT" ADDRESS):**

STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**ACH PAYMENT: Please attach VOIDED CHECK or DIRECT DEPOSIT FORM**

Bank Name: \_\_\_\_\_ Account Type (CIRCLE): CHECKING or SAVINGS  
Bank Routing: \_\_\_\_\_  
Bank Account: \_\_\_\_\_

<b>VENDORS WILL NOT BE APPROVED WITHOUT FEDERAL TAX ID (OR SSN#) and A W-9 (W-8) FORM.</b>	
Procurement Approver: _____	Date: _____