

VENDOR CHANGE REQUEST

PLEASE SPECIFY TYPE OF ACTION					
Change of Name Change	nange of Name Change of Address Change of SSN				Change of ACH (Bank information)
CURRENT INFORMATION					
ame			*Last 4 digits of SSN/Fed Tax ID Terms		
Address			- Phone		
City Inactivate old address?	ST	ZIP	*Bank Routing# Last 4 digits of Bank Acct#		
NEW INFORMATION					
Name			*New SSN/Fed Tax ID		New Terms
Address			Bank Name		
City	ST	ZIP	_ 		 New Bank Acct#
Phone			New Dalik No	utilig#	New Ballk Accum
*Compliance					
 To comply with International Attransferred from a United State The particular rules are pursual comply with the IAT rules and Will the ENTIRE electronic payment 	es financial inst ant to requirem the applicable	itution to a financial ents of the Office of United States laws, y	institution in anotl Foreign Assets Con ou must answer th	ner country. trol. In order for Th e following questio	ne University of Iowa to n:
CONTACT INFORMATION REQUEST	ING CHANGE				
*Name:	me: *Phone:		*Date:		
*Signature:		*email:			
Comments:					
*Required Fields					

SUBMIT FORM TO:

University of Iowa Purchasing, Vendor File Team, 202 PCO, Iowa City, IA 52242; or scan and email as attachment to purchasing-vendor@uiowa.edu; or e-mail using button above (if you have electronic signature)