Rev: A190701

Vendor/Payee Direct Deposit (ePayment) Request Form

For CUNY Use Only:	HC ☐	PS ☐	NR

Part I: Which CUNY college or CUNY entity requested you to complete this form?

College/Entity Name: _____ Name of CUNY Contact: _____

Contact's Email: _____ Phone Number: _____

Part II: Vendor Name and Tax ID Information

1. Legal Name:

2. Enter your TIN here: **(If your TIN is a SSN, DO NOT email form but mail or fax to CUNY)**

Part IV: Direct Deposit Bank Information

Bank Name: _____

Account Name: _____

Bank Routing Number:

Account Number:

Part III: Signature

Vendor Contact Name (Individual Authorized to Represent the Vendor/Payee):

Vendor Contact Email:

Title: _____ Phone Number: _____

Sign Here:

_____ Date: _____

Please submit one of the following items with your application. Incomplete applications will not be processed.

- Copy of voided check imprinted with account name
- Current bank statement
- Letter from your bank. Bank documentation must contain the vendor/payee name, complete bank account and routing number and the bank representative's signature, printed name, and date signed.

Submit this form to the CUNY representative who requested you to complete this.