



WORKDAY SUPPLIER ADD FORM

This form is used to capture the information needed to pay expenses incurred by an independent contractor, vendor, or business. (Please use the Workday Individual Reimbursement Add Form for reimbursement when the W9 form is not required).

Submit this form and a completed [W9](#) to <https://byuh.app.box.com/f/bcac7fd45f2b45a4a6042a42799b95bf>
See <https://purchasing.byuh.edu>, for more information and instructions about our suppliers and secure form upload page

SUPPLIER INFORMATION

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

SUPPLIER DIRECT DEPOSIT INFORMATION (U.S. ACH TRANSMITTAL ONLY)

Complete the section below. If possible, please attach a scan of a voided check for accuracy. If a voided check is not possible, a purchasing agent will contact you to verify your banking information.

Name and Type	Numbers
Bank Name:	Account Number:
Account Type Checking or Savings	Bank Routing Number:

CERTIFICATION

Initial and Date	Certification and Signature
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.
Date:	Supplier's Signature:

Last Updated 05.05.24