BYU
BRIGHAM YOUNG
UNIVERSITY

Supplier Banking Information Form – CAD

Supplier Information

Supplier Name _____ Tax ID or SSN _____

Supplier Address (No PO Box)

_____
(Street)

_____
(City) (State/Province) (Postal Code) (Country)

Remittance Telephone _____

Remittance Email Address _____

Banking Information

Bank Name _____

Institution Code_____ Transit number_____

Name on Bank Account _____

Bank SWIFT/BIC Code _____

Account Number_____

Purpose of Payment _____

I declare that all banking data provided herein is correct. I affirm that I am an authorized representative of the aforementioned company and have the ability to approve and authorize electronic payments made to the account number above.

_____ _____
Authorized Supplier Representative Name (print) Title

_____ _____
Authorized Supplier Representative Signature Date Signed

This box for BYU use

_____ _____
BYU Approval Name (print) Title

_____ _____
BYU Approval Name Signature Date Received