

Supplier/Vendor Change Request

Download this form and complete electronically to make changes to your *Name, Address, Contact information &/or Banking details* - handwritten forms will not be accepted. Once completed, save & return with supporting documents to the individual or department who provided the form

Complete the applicable PREVIOUS and CURRENT Information sections below:

Supplier ID (if known):

If the change is significant, a new supplier ID may be created.

To ADD new information to your existing Supplier ID, enter details:

Recent Purchase Order or invoice number

(*Required)

| PREVIOUS Information | CURRENT Information |
|---|---|
| Legal Name (Mandatory) | Legal Name (Mandatory) |
| Preferred/Affirmed/Trade Name | Preferred/Affirmed/Trade Name |
| GST Registration Number | GST Registration Number |
| Physical Street Address | Physical Street Address |
| City Prov/State | City Prov/State |
| Country Postal/Zip | Country Postal/Zip |
| Payment Address (if different from above) | Payment Address (if different from above) |
| City Prov/State | City Prov/State |
| Country Postal/Zip | Country Postal/Zip |
| Email address(es) where purchase orders are received | Email address(es) where purchase orders are received |
| Phone Number | Phone Number |
| Default Currency Payment Method | Default Currency Payment Method |
| Bank Name | Bank Name |
| Bank Address | Bank Address |
| Account Holder Name (must match Legal Name above) | Account Holder Name (must match Legal Name above) |
| Bank ID (Canadian only) Transit or Routing | Bank ID (Canadian only) Transit or Routing |
| Account Number (Last 4 Digits ONLY) | Account Number |
| Email where EFT payment (remittance) details are received | Email where EFT payment (remittance) details are received |

***Mandatory: Attach a copy of a void cheque or bank letter with all banking changes.**

For payments by wire transfer to banks located outside of Canada or the USA, submit a [Wire Transfer Form](#) with each invoice.

The information I have provided, as a representative of this supplier, is true and accurate.

Name:

Title:

Email:

Phone:

Date: mm/dd/yyyy

Questions? Visit the [Staff Service Centre](#) to contact us via the Service Portal or call 780-492-8000.

Instructions for UofA employees: Upon receipt of this completed form from your supplier, submit to Shared Services Finance via the UofA Service Portal. Include this form with your Payment Request form or Direct Pay invoice submission if applicable. Or, if there is a purchase order and invoice in SupplyNet, ensure the PO number is referenced at the top of this form.