



SUPPLIER BANK INFORMATION – WIRE

Supplier name: _____

Mailing address: _____ City: _____

State: _____ Zip: _____ Country: _____

Remit to email: _____ Phone: _____

Authorized supplier contact: _____

Contact's phone: _____ Contact's title: _____

****THE AUTHORIZED BANKING CONTACT IS THE ONLY INDIVIDUAL AUTHORIZED TO CHANGE ANY BANK INFORMATION.****

Bank Name _____
Bank Address: _____
Country: _____
Institution number: _____ Branch ID: _____
Account No. _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Identification Code / SWIFT: _____
Bank Phone: _____

Signature required: Supplier acknowledges and agrees that it has sole responsibility for the above banking information and acknowledges the signer is an authorized officer of the supplier. Any payments made to this bank account are considered payments to the supplier. The below signature authorizes Florida Institute of Technology to electronically transmit payments to the above-named entity at the bank account indicated above.

I understand that this authorization will remain in effect until written notice is given to cancel or change this information.

Name: _____

Title: _____ Phone: _____

Signature: _____ Date: _____