

Southern Methodist University Recurring Payment Request Form

Vendor ID/Code	Address Code	Acco	Account # or Identifying Information for Supplier				Payment Handling:					
Payee Legal Name (Individuals should include full first and last name and middle initial)						if account i	Payment will be made to payee via direct deposit (ACH) or EFT if account information is on file. Otherwise a check will be mailed to the permanent address. Non-US citizen payments will be delivered to the tax office for proper handling.					
SMU ID Country (Fore				ign)								
Permanent Address						City	City					
						State	State Zip					
Department Name				Department					Department Phone			
Preparer's Name (Typed or Printed) Ext.				Authorized by				Date				
for HR and determine to nor Payments to nor	lividual must complete and Payroll to review ination to the Paymen	the Foreig and make t Request 5. Entity	a determinatior Form.	ormation Form n. Please attac	the FNI Form	m and supportin	ng docui	mentation, as w	vell as a copy	of HR's		
				DISTRI	IBUTION							
Payment Due Date Amou		Amoun	t	Acct (4)	Fund (2)	Org (6)		Subclass (5)) P	roject (7)		
Iotal Annual Amount				For payments that need to continue for more than 12 months, please submit a new request each year.								
	S (Request must be sign	gned by so		ed to charge a	gainst the orga	nization ID's ref		l above)		1= .		
Typed or Printed Name Signature			Signature			Title	Title Date					
Typed or Printed Name Sig			Signature	Signature			Title Date					