



RECURRING PAYMENT REQUEST

Vendor ID/Code	Address Code	Account # or Identifying Information for Supplier	Payment Handling:	
Payee Legal Name (Individuals should include full first and last name and middle initial)			<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.</i>	
SMU ID		Country (Foreign)		
Permanent Address			City	
			State	Zip
Department Name		Department Contact		Department Phone
Preparer's Name (Typed or Printed)		Authorized by		Date

DISTRIBUTION

Payment Due Date	Amount		Fund (2)	Org (6)	Subclass (5)	Project (7)
Total Annual Amount						

Special Approvals (Request must be signed by someone authorized to charge against the organization ID's referenced above)

Typed or Printed Name	Signature	Title	Date
Typed or Printed Name	Signature	Title	Date