



University of Kansas Medical Center Research Institute, Inc.

RINST A/P | 3901 Rainbow Blvd. | MS1039 | Kansas City, KS 66160
Fax #: 913-588-5758 | RINSTAP@KUMC.EDU

1. Name of Company or Person on this account:	2. TIN: Federal E.I.N or Social Security Number (no dashes):
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3. Name of Bank Receiving Payment:	4. Routing Number (9 numbers exactly):
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5. Account Number (16 numbers max):	6. Type of Account (Select 1 only): <input type="radio"/> Checking <input type="radio"/> Savings
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7. Supply up to 2 E-Mail address to receive notification of payments:	
First E-mail:	Second E-Mail:

The e-mail address(es) listed above, on line 7, will be notified when the payment is initiated. The e-mail notification will include: amount transmitted, invoice number(s) and the settlement date (date the funds will be paid to the payee's account). To ensure that you can apply the payment correctly, please be sure to supply your unique Invoice Number on each invoice. The name listed on your bank statement for KUMC Research Institute Payments should show: "KUMC RESEARCH IN"

****Once this information is submitted, all payments for this Vendor ID will be made via ACH/Direct Deposit. This option cannot be changed for different invoices.****

Person Authorizing this Form:

First Name:	Last Name:
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Title (if Company)	Phone Number:
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Signature of Authorized Person for this Account:	Date:
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Accounting Use Only:		
Vendor ID:	Date Entered:	Entered By:

Verified By:	Date:
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