

**REQUESTOR INFORMATION**

Requestor's Name  Ext

Department  Date

**BANK INFORMATION**

Enter Bank ID and Bank Country

Bank ID/SWIFT  Bank Country

**VENDOR ACCOUNT INFORMATION**

Please enter Account Name or Account Number and also Address Field is required

Beneficiary/Vendor Account Name

Account Number

Address

CLABE (Mexico only)

Address

**BANK INFORMATION**

Either the Bank Name and ID or Name and Address and also Address Field is required

Bank Name

International Routing Code (ES + 8 digits)

Address

Int'l Bank Account/IBAN

Address

*I hereby authorize California State University San Marcos ("CSUSM"), to credit any payments/reimbursements due to me via international wire transfer to the bank and bank account owned by me referenced above. Further, I hereby authorize CSUSM to withdraw funds from the above referenced bank account owned by me via ACH debit. Such debits are authorized only to perform legitimate and appropriate financial transactions between me and CSUSM including, but not limited to, retrieval of reimbursement overpayments. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my bank account, close my bank account, or change financial institutions.*

**Note:**

*I understand that California State University San Marcos (CSUSM) requires ten (10) business days to set up this initial authorization. I understand that I am responsible for any wire transfer fees charged by the banks.*

\_\_\_\_\_  
Independent Contractor Signature \_\_\_\_\_  
Date

**REQUIRED SIGNATURES**

Accounts Payable Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Accounting Services Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please return completed form to Veronica Roman, Accounts Payable, Craven 4600-29  
Contact Veronica Roman at (760) 750-4442 or [accountspayable@csusm.edu](mailto:accountspayable@csusm.edu)