UNIVERSITY OF ALBERTA

Supplier/Vendor Change Request

Download this form and complete electronically to make changes to your *Name*, *Address*, *Contact information* &/or *Banking details* - handwritten forms will not be accepted. Once completed, save& return with supporting documents to the individual or department who provided the form

Complete the applicable PREVIOUS and CURRENT Information sections below:

Supplier ID (if known):
If the change is significant, a new supplier ID may be created.

To ADD new information to your exisiting Supplier ID, enter details:

Recent Purchase Order or invoice number
(*Required)

PREVIOUS Information	CURRENT Information
Legal Name (Mandatory)	Legal Name (Mandatory)
Preferred/Affirmed/Trade Name	Preferred/Affirmed/Trade Name
GST Registration Number	GST Registration Number
Physical Street Address	Physical Street Address
City / Prov/State	City / Prov/State
Country / Postal/Zip	Country / Postal/Zip
Payment Address (if different from above)	Payment Address (if different from above)
City / Prov/State	City / Prov/State
Country / Postal/Zip	Country / Postal/Zip
Email address(es) where purchase orders are received	Email address(es) where purchase orders are received
Phone Number	Phone Number
Default Currency / Select one... Payment Method	Default Currency / Select one... Payment Method
Bank Name	Bank Name
Bank Address	Bank Address
Account Holder Name (must match Legal Name above)	Account Holder Name (must match Legal Name above)
Bank ID (Canadian only) / Transit or Routing	Bank ID (Canadian only) / Transit or Routing
Account Number (Last 4 Digits ONLY)	Account Number
Email where EFT payment (remittance) details are received	Email where EFT payment (remittance) details are received

***Mandatory: Attach a copy of a void cheque or bank letter with all banking changes.**

For payments by wire transfer to banks located outside of Canada or the USA, submit a Wire Transfer Form with each invoice.

The information I have provided, as a representative of this supplier, is true and accurate.

Name: **Title:**

Email: **Phone:**

Date: mm/dd/yyyy

The personal information on this form is collected for the purpose of maintaining a master vendor record for orders and payments. The personal information collected and protected in compliance with sections 4(c) and section 10 of the Protection of Privacy Act (POPA). The personal information collected will be used and disclosed by sections 12, 13 of the POPA. The University of Alberta uses automated systems to generate content and to make decisions, recommendations and predictions. . For further information about the collection, use and disclosure of personal information, please contact: Shared Services 10230 Jasper Avenue, Edmonton, Alberta, T5J 0B2, 780-492-8000.

Questions? Visit the Staff Service Centre to contact us via the Service Portal or call 780-492-8000.

Instructions for UofA employees: Upon receipt of this completed form from your supplier, submit to Shared Services Finance via the UofA Service Portal. Include this form with your Payment Request form or Direct Pay invoice submission if applicable. Or, if there is a purchase order and invoice in SupplyNet, ensure the PO number is referenced at the top of this form.

v. June 2025

Save As

Clear Form