

JOHNS HOPKINS UNIVERSITY & HEALTH SYSTEMS
CURRENT Bank Information Confirmation Form
For **EXISTING** US Domestic & International VENDORS

IF BANKING HAS CHANGED - Bank verification is **REQUIRED** when the vendor is updating their vendor account through Paymentworks Vendor Portal.

IF BANKING HAS CHANGED and vendor is **NOT** a registered Paymentworks SAP vendor, the Johns Hopkins contact is required to send a Paymentworks invitation to the vendor so the vendor can update their information.

Acceptable verification can include ONE of the following:

- Copy of US cancelled/voided check.
- Top portion of vendor's bank statement.
- Complete banking instructions on bank letterhead.
- Complete banking instructions on company invoice/letterhead (Companies **ONLY**).

VENDOR INFORMATION (REQUIRED):

JOHNS HOPKINS SAP VENDOR NUMBER (7 DIGITS): _____ FEIN: _____

LEGAL NAME: _____

DOING BUSINESS AS NAME: _____

VENDOR'S PAYMENT ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

VENDOR'S SIGNATURE & TITLE: _____

VENDOR BANK DETAILS (REQUIRED):

VENDOR'S - NAME of ACCOUNT HOLDER(s): _____

VENDOR'S - BANK ACCOUNT NUMBER: _____

VENDOR'S - IBAN (if applicable): _____

VENDOR'S - TYPE OF ACCOUNT: ☐ Checking ☐ Savings ☐ Other: _____

PAYMENT TO BE ISSUED IN: ☐ **USD** currency ☐ **FOREIGN** currency – **CURRENCY TYPE:** _____

(CHECK ONLY ONE BOX)

(The [Foreign Currency Wire Request Form](#) additionally required IF in FOREIGN currency)

BANK NAME: _____

BANK ADDRESS: _____

BANK CITY, STATE, ZIP: _____

BANK LOCAL CLEARING or BRANCH CODE (if applicable): _____

US BANK - ABA/ROUTING NUMBER: _____

INTERNATIONAL BANK – BIC/ SWIFT CODE: _____

US CORRESPONDENT/INTERMEDIARY BANK NAME (if applicable): _____

US CORRESPONDENT/ INTERMEDIARY BANK NAME ABA/SWIFT/BIC CODE (if applicable): _____

JOHNS HOPKINS CONTACT INFORMATION (REQUIRED):

REQUESTED BY: _____ DATE REQUESTED: _____

PHONE: _____ EMAIL: _____