



University of Puerto Rico at Arecibo
PO Box 4010
Arecibo, PR 00614-4010



SUPPLIER CREATION AND / OR AUTHORIZATION FORM FOR PAYMENT BY ELECTRONIC TRANSFER
(Please complete on computer or typewriter)

Supplier's Name: \_\_\_\_\_

Employer Social Security Number: \_\_\_\_\_

Telephone Numbers: Office: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email address where proof of payment will be sent: \_\_\_\_\_

Withholding Waiver from the Treasury Department: YES \_\_\_ NO \_\_\_ If yes, include a copy of the waiver.

I authorize the University of Puerto Rico at Arecibo (UPRA) to pay invoices through electronic transfer to the account that I have indicated below. This agreement will remain in effect until UPRA cancels or receives written request or notification or cancellation, thirty (30) days prior to effectiveness. In the event of receiving an incorrect payment to my account, my Bank may debit the correct amount to correct the error.

I authorize and request that invoice amounts in favor of my institution and/or person be deposited in the following account:

Bank or Financial Institution: \_\_\_\_\_ Opening Branch: \_\_\_\_\_

Account number: \_\_\_\_\_ Savings: \_\_\_\_\_ Check: \_\_\_\_\_

Route and Transit Number (ABA): \_\_\_\_\_ SWIFT (if applicable): \_\_\_\_\_
Bank outside PR or the United States

Once this payment mechanism is activated, I will be able to send any claim for invoices credited to my account according to this authorization directly to the UPRA Pre-intervention Office.

This request must be delivered to the Finance Office or sent to the following email finanzas.arecibo@upr.edu

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Certification of the Financial Institution \*

Name and Address of the Financial Institution: \_\_\_\_\_

I certify the identity as correct the information regarding the account of the above signer. As a representative of this Financial Institution, I certify the agreement to receive and deposit the payment identified above.

Name of Authorized Representative Signature Phone Date

\* In substitution of this certification, you can accompany the application with a canceled check (VOID).

This form must be updated and sent to the University of Puerto Rico at Arecibo each time the supplier's information changes.