

FINANZAS Y OPERACIONES

AUTHORIZATION FOR ELECTRONIC PAYMENT

(For official purpose) Supplier Number: _____

Supplier name		Employer identification number:
Physical Address:		Postal Address:
Phone number:		Contact person:
Office:		
Mobile:		Contact person email:
Fax:		

I authorize Universidad del Sagrado Corazón to pay invoices through electronic transfer to our bank account at the Financial Institution indicated below. I am aware that transactions made to our account using the Account Clearing House (ACH) must always follow the provisions of State and Federal Laws.

I authorize any amounts to be paid to my name or my company's name be deposited in the following account:

Account Type	Account Number	Route and Transit Number
_____ Saving _____ Check	_____	_____
Name of the Financial Institution		Branch Office
Name	Signature	Date
		_____/_____/_____ Mes Día Año

For official purpose		
Name	Signature	Date
		_____/_____/_____ Mes Día Año

Note: Universidad del Sagrado Corazón reserves the right to accept or reject, as well as to cancel the benefit of electronic payment to providers at any time during the term of this agreement. This agreement shall remain in effect until Universidad del Sagrado Corazón receives written notification of cancellation with no less than thirty (30) days prior to its effectiveness. In the event of a payment made incorrectly to the supplier's account, the Financial Institution may debit the account to correct the error or the collection procedures required under the institution's rules may be carried out. Any claim for invoices credited to our account pursuant to this authorization, must be made directly to the Finance and Operations Office of the Universidad del Sagrado Corazón.