



Board of Trustees
RETIREMENT SYSTEM
University of Puerto Rico

ELECTRONIC DEPOSIT AUTHORIZATION

Supplier Name					
Employer ID number					
Phone, Office		Cel.		Fax	
Postal Address					
Email					

I, here by, I authorize the Retirement System of the University of Puerto Rico (SR-UPR), to pay invoices through electronic transfer to the account indicated below. I am aware that conducting Account Clearing House (ACH) transactions to my account must comply with the provisions of federal law.

The SR-UPR reserves the right to accept or cancel electronic payment services. This agreement will remain in effect until the SR-UPR cancels it or receives written notice of its cancellation thirty (30) days prior to its effectiveness. In case of the receipt of an incorrectly made payment to my account, the Bank may debit the account to correct the error.

I authorize and request that the invoice(s) amount(s) in favor of my corporation and/or person be deposited to:

Account Type	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Checking
Account Number				
Bank Name			Branch	
Routing Number				

Once this payment mechanism is activated, the supplier may send any claim for invoices credited to my account pursuant to this authorization directly to the Accounting Office of the Retirement System of the University of Puerto Rico, using the following email address contabilidad@retiro.upr.edu.

Supplier name or authorized
representative

Signature

Date