



AUTHORIZATION FOR PAYMENT BY ELECTRONIC TRANSFER

Participant Name _____

Taxpayer ID Number _____

E-Mail _____

I authorize the University of Puerto Rico to make payments to the following bank account:

Financial Institution Name _____

Bank Branch _____

ABA Number or Routing Number _____

Bank Account Number _____

Bank Account Type: Checks _____ Savings _____

This authorization is to remain in full force and effect until the University of Puerto Rico has received written notification from an authorize official regarding any change in the information included in this form. The notification shall be sent to the University 30 days before the effective date. In case of overpayments or incorrect payments performed by the University of Puerto Rico to the account above specified, the Bank may debit the account in order to correct the error.

Signature _____

Date _____

This form must be updated and sent to the University of Puerto Rico whenever the provided information has changes.