



ELECTRONIC PAYMENT AUTORIZATION

(Official use) Supplier Number: _____

Supplier Name:		Employer's Social Security Number:
		66-0528095
Physical Address:		Postal Address:
		P O Box 70250 PMB 350 San Juan, PR 00936-8250
Phone Numbers:		Contact Person:
Office:	(939)545-4182	Mayra I. Rodríguez Meléndez
Cellphone:		Contact Person Email:
Fax:		mayrai.rodriguez@sagrado.edu

I authorize the Puerto Rico Association of Student Financial Aid Administrators [PRASF AA] to pay bills via electronic transfer to our bank account at the financial institution listed below. I am aware that the completion of Automated Clearing House (ACH) transactions to our account must always be in compliance with the provisions of State and Federal Laws.

I authorize that the amount to be paid in favor of my company or person is deposited in the following account:

Account Type	Account Number	Route or Transit Number
_____ Savings _____ Check	034-413588	021502011
Financial Institution Name		Branch where account is located
Banco Popular de PR		San Juan
Print Name	Signature	Date
Mayra I. Rodriguez Melendez		____/____/____ Month Date Year

FOR OFFICIAL USE		
Print Name	Signature	Date
		____/____/____ Month Date Year

Note: The Puerto Rico Association of Student Financial Aid Administrators [PRASF AA] reserves the right to accept or reject and terminate the electronic payment benefit to providers at any time during the term of these agreements. This agreement shall remain in effect until PRASF AA receives written notice of cancellation not less than thirty (30) days prior to its effective date. In the event of an incorrectly made payment to the supplier's account, the Bank may debit the account to correct the error, or the collection procedures required according to the institution's rules may be carried out. Any claim for invoices credited to our account due to this authorization, will be directly made to the Puerto Rico Association of Student Financial Aid Administrators [PRASF AA].