



NEW

CHANGE

SUPPLIER'S DIRECT PAYMENT AUTHORIZATION

Supplier Name: _____ Vendor Number: _____

Tax ID Number / EIN: _____ Date: _____

Office Phone: _____ Other Phone Number: _____

Fax Number: _____ * E-mail: _____

Postal Address: _____

* An email address is required to subscribe to the service.

This document authorizes the Sociedad Española de Auxilio Mutuo Inc. and affiliated, to issue service or supplies payments via electronic transfer to the checking or savings account indicated below. All transactions will comply with federal law requirements. The Sociedad Española de Auxilio Mutuo Inc. and affiliated reserves the right to cancel the electronic payment service at any time. We require that this authorization remains in effect until the Sociedad Española de Auxilio Mutuo Inc. and affiliated cancels or receives written 30 days' notice prior to effectiveness. If an involuntary payment is issued, the Department of Finance may debit your account to correct the error and/or arrange collection as required under the law.

BANK NAME INSTITUTION: _____ Savings Account Checking Account

ROUTE NUMBER: _____ ACCOUNT NUMBER: _____

I certify under penalty of law, the statements and information contained in these documents are true, accurate and complete.

Authorized Bank Signature: _____
Name Signature

Account Receivable Contact: _____
Name Signature

Chief Financial Officer: _____
Name Signature

President: _____
Name Signature

The document can be submitted via email or postal address. Our staff will contact you to confirm the information that you included in the document; before you receive any payment.

Internal Use Only: Validation Check Date: _____ Time: _____

Suppliers Contact Name and Title: _____ Phone Number: _____

Employee: _____
Name Signature