



**TYPE OF APPLICATION**

Original	
Modification	
Cancellation	

**DIRECT DEPOSIT AUTHORIZATION  
STUDENT / SUPPLIER**

**NAME:**

\_\_\_\_\_ (Last Names, First Name and Middle Initial) **(Type or Print)**

**ADDRESS:**

\_\_\_\_\_ (Street, Apartment Number, Urbanization)

\_\_\_\_\_ (City, State and ZIP Code)

<p><b>STUDENT:</b></p> <p><b>STUDENT NUMBER</b> _____</p> <p><b>Telephone Number:</b> _____</p> <p><b>Email Address:</b> _____</p>	<p><b>SUPPLIER FOR GOODS AND SERVICES:</b></p> <p><b>EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NUMBER</b></p> <p>_____</p> <p><b>Telephone Number:</b> _____</p> <p><b>Fax Number:</b> _____</p> <p><b>Email Address:</b> _____</p> <p><b>Merchant's Registration Number:</b></p> <p>_____</p>
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I AUTHORIZE DEPOSITS IN THE ACCOUNT OF REFERENCE FOR THE FOLLOWING PURPOSES: (mark with an "x")

Reimbursement to Student _____	Work Study _____	Supplier / Payment for goods and services provided to the University _____
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Name of the Financial Institution: _____
Bank routing number (ABA number): _____
Account Number: _____
<b>Note: Include a copy of an identification, cancelled check, or letter from the financial institution to verify your information.</b>

\_\_\_\_\_ CHECKING ACCOUNT      \_\_\_\_\_ SAVINGS ACCOUNT

The **University** will maintain this document in force until it receives written notice from an authorized person modifying the account information or cancelling the present authorization. Any modification or cancellation must be notified in a manner that provides the **University** and the **Bank** sufficient opportunity to act on any such request. **In the case of incorrect payments made by the University, the Bank shall debit your account in order to correct the mistake.**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Processing of this document:**

<p><b>Student:</b> Collections Office (Oficina de Recaudaciones)</p>	<p><b>Supplier:</b> Dean of Administration and/or Osvaldo Rosado <b>Email Address:</b> orosado@inter.edu</p>
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**See reverse for important information.**

## Avoid Identity Theft

Identity theft is a crime which has affected many people not only in Puerto Rico, but outside of the island as well. To avoid becoming a victim of this crime, you should at minimum follow the steps outlined below:

- Check your credit reports yearly. Every person is entitled to a free Annual Credit Report through the following agencies: TransUnion, Experian, and Equifax.
- Only provide personal or financial information to people or entities with which you maintain an economic relationship.
- Keep all documents and identification cards containing personal information, such as name, social security, date of birth, license number, and residential or postal address, in a safe place.
- If you believe that you have been a victim of identity theft, you should notify:
  - The Puerto Rico Police Department,
  - The relevant Financial or Commercial Institutions where you keep your Bank Accounts, Loans, or Credit Cards, and
  - Your campus' Office of Enrollment Management (*Oficina de Gerencia de Matrícula*).