SUPPLIER PAYMENT METHOD OF PAYMENT SELECTION
SAN JUAN REGIONAL MEDICAL CENTER

Please select your preferred payment method for receiving payments from **San Juan Regional Medical Center.** By selecting a payment method, you agree to receive all future payments through this method without incurring additional processing fees. Payments will be sent on the due date and will include the invoice number(s).

Payee/Vendor Name: _____

Payee Address: _____

Payee Phone #: _____

Payee Tax ID # _____

Payee Email Address (for electronic advice):_____

Payment Method (Select One):

☐ **Single Use Authorization Virtual Credit Card Payment (SUA)** *Electronic advice will come from: no.replies@integratedpayables.jpmorgan.com*

☐ **Automated Clearing House (ACH)**

- Please provide the following information, a bank letter, or a copy of a voided check

  Bank or Credit Union Name: _____

  Exact Account Name: _____

  Account Number: _____

  Bank Routing Number: _____

  Account Type: _____ Checking _____ Savings

Electronic advice will come from: accountspayable.sjrmc.net

I hereby authorize the SJRMC to initiate credit entries. If debit entries or adjustments for any credit entries made in error to the vendor's account are needed, the vendor will be responsible for initiating the return of funds to SJRMC, either by ACH or other means requested by the SJRMC, including but not limited to credit memos or check payments.

Name (print) _____ Date _____

Authorized Signature: _____

This authorization is to remain in full force and effect until SJRMC has received written notification from the above-named vendor of its termination in such manner as to afford SJRMC and the depository a reasonable opportunity to act on it. • Email: accountspayable@sjrmc.net