



Incorporated Research Institutions for Seismology

Financial Services

Recurring Payment Authorization Form

Pre-approve and authorize IRIS Financial Services to pay recurring vendor invoices as they are submitted for payment for the period identified below.

Recurring Payments Will Make Your Life Easier:

- It's convenient – You don't have to review recurring invoices for the same charges every month.
- Financial Services doesn't have to scan and distribute a large volume of recurring invoices for payment approval.
- Vendor payment processing is faster (e.g., if you're out of town and invoice approvals are delayed), eliminating late charges.

Here's How Recurring Payments Work:

You authorize IRIS Financial Services to pay the identified vendor for recurring costs that are billed on a regular basis (weekly, monthly). By pre-approving these charges on vendor accounts for expenses which you expect to incur on a regular basis, you agree that IRIS Financial Services does not have to distribute the individual vendor invoices to you for payment approval, unless the billed amount is identified as being unusual (e.g., a variance of more than 10% from the average monthly expense, or including special charges that differ from historically billed or contracted amounts.)

All invoices are reviewed by IRIS Financial Services staff to ensure that they are consistent with vendor agreements and these instructions.

Authorizations must be updated annually.

I authorize IRIS Financial Services to pay the following recurring vendor invoices.

Vendor Name: _____
Type of Recurring Charge: _____
Expected range of recurring
invoice amounts: \$ _____
Accounting Code: _____

Additional notes or conditions on exception invoices that should be forwarded for review:

Pre-approval Start Date: _____
Pre-approval End Date: _____

I understand that I may request a copy of any invoice at any time from Financial Services, as well as a cost summary or other information about charges that may have been processed under this payment authorization.

SIGNATURE _____ DATE _____

For Admin Use:

Received Date: _____ Vendor File updated: _____ Initials: _____
Cancelled Date: _____ Recurring Payment Form Number: _____