



Colorado College Accounts Payable Direct Deposit Form

Company/Individual Name: _____

Current Address: _____

City, State, Zip: _____

Bank Name: _____

Bank ABA Routing #: _____ Bank Account #: _____

Name on Account: _____

Vendor Contact Name: _____ Title: _____

Vendor Contact Number: _____ Email: _____
(for delivery of remittance advise)

Please Note:

Any change in information must be done in writing to Colorado College. By an authorized representative of your company. Please allow 5 business days for changes to be implemented.

Name of Authorized Individual (Print): _____ Date: _____

Authorized Signature: _____ Title: _____

Please return this form to the Accounts Payable office. By mail at The Colorado College 14 E Cache La Poudre, Colorado Springs, CO. 80903, by fax at 719-227-8241, or e-mail it to prains@coloradocollege.edu.