



Accounts Payable
WIRE TRANSFER AUTHORIZATION

I, _____ HEREBY AUTHORIZE MY PAYMENT(S) FROM COLBY COLLEGE
(Please print full name)

TO BE DEPOSITED AS FOLLOWS:

ACCOUNT/BENEFICIARY INFORMATION

Name (as it appears on account): _____

Beneficiary Address: _____

Beneficiary Phone Number: _____

Bank/Financial Institution Name: _____

Bank Address: _____
(street address, city, province/state, country, postal code)

Bank Phone Number: _____

Branch International/SWIFT code: _____

Beneficiary Account IBAN: _____

**Email address for payment notification: _____

Reason for payment: _____

I hereby authorize Colby College to deposit payments by electronic funds transfer into the account specified above and, if necessary, make adjustments for any amounts deposited in error. I recognize that if I fail to provide complete and accurate information, the processing of this form and any payments may be delayed or erroneously transferred. This authorization will remain in effect until written notice to terminate is submitted by the signer or the financial institution.

SIGNATURE _____

DATE: _____