

Colby



Accounts Payable DIRECT DEPOSIT AUTHORIZATION

I, _____ HEREBY AUTHORIZE MY PAYMENT(S)
(Individual/Organization Name)

FROM COLBY COLLEGE BE DEPOSITED AS FOLLOWS:

ACCOUNT INFORMATION

Bank/Financial Institution Name _____

ABA/Routing Number (9 digits) _____

Account Number _____

Type of Account: Savings Checking

Please attach a voided check for checking accounts.

Please provide the bank address and phone number:

****Email address for payment notification:** _____

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.

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____