COLORADO COLLEGE

**Office of Finance & Administration**
(719) 389-6693

14 E. Cache La Poudre St.
Colorado Springs, CO 80903

# Payee Direct Deposit Authorization Form

## Direct Deposit Information

| **Payee ID:** *(Employee/Student-CC ID # Vendor-EIN)* | **Payee Name:** |
|---|---|
| | |

| **Financial Institution:** *(Name of Bank)* | |
|---|---|
| | ☐Checking<br>☐Saving |
| **Routing # (9 digits)** | **Account #** |
| | |

_____ **Enroll** in Direct Deposit

_____ **Replace** Current Account

_____ **Cancel** my existing Direct Deposit (close account)

***Please include an e-mail address for the direct deposit advice to be e-mailed:***

***To be completed by vendors only:***

| **Vendor Contact Name:** | **Vendor Phone #:** |
|---|---|
| | |
| **Vendor Email:** | |
| | |

**Payee Signature** **Date**