



Direct Deposit Authorization Form for Accounts Payable Disbursements to Vendors

PLEASE CHECK THE APPROPRIATE BOX BELOW.

New

Change BANK or ACCT#

Delete Authorization

Change email

Vendor Code

Individual or Company/Organization Name

E-mail Address (This is required for electronic deposit notification.)

I hereby authorize CNM to deposit, by electronic transfer, payments owed to me or the company named above into my account at the bank named below. CNM is authorized to reverse or debit any entries made in error to my account through the College's direct deposit program. I further warrant that I or the company is a holder on the account listed below.

It is understood that I may terminate this agreement by written notification to the CNM Business Office.

I agree to notify the Business Office immediately if I close my account or change my e-mail address. I understand that if I fail to provide complete and accurate information on this form or fail to give sufficient notification of account closure, the processing of my payments may be delayed or erroneously transferred.

Authorized Officer Signature

Date

Print Name

Title

Phone

Bank Name and Address:	
Bank Transit/Routing Number: <i>(Should be Nine Digits Long)</i>	
Customer's Bank Account Number:	
Account Type (checking or savings)	

For checking accounts attach a voided check and for savings accounts attach a deposit slip.

Please feel free to contact us with any questions or concerns. We can be reached via e-mail at cgrant17@cnm.edu or by phone at (505) 224-4445.

Mail completed form to: CNM Business Office, PO Box 4586, Albuquerque, NM, 87196, or email to cnmw9@cnm.edu.