

Colorado Springs Utilities ! Request for Electronic Payment

Tour manne (Company or mannaum)			
Remittance address			
The undersigned hereby authorizes Co indicated below and the depository name such account. If Colorado Springs Utilities for reimburse Colorado Springs Utilities for	ned below, hereinafter eies initializ^• a credit ei	called depository, to credit the same ntry in error, the undersigned agree	e to
	Depository informat	ion	
Depository name			
David waren			
Bank address			
ABA/routing transit number			
Bank account number		Checking Savings	
Account name			
Signature of company representative or individual		Date	
Printed name of company representative or individual		Title of authorized representat	tive
ACH contact name			
Phone number	Fax number		
Email			
Send this completed form to:			
Colorado Springs Utilities Attention: Accounts Payable P.O. Box 1103 Mail Code 929 Colorado Springs, CO 80947			
719-668-8550 (phone)			
accountspayablemail@csu.org			

Payment/Remittance Information

Your name (Company or Individual)

Colorado Springs Utilities will use the ANSI ASC X12 Transaction Set 820 (version 3040 or higher) in the CTX payment formation. This method stores multiple addenda records for remittance advice detail. Colorado Springs Utilities requires vendors who elect to receive payment through ACH to be able to refer to the remittance advice detail for invoice and payment information. Colorado Springs Utilities will use the email address provided on this ACH form as the recipient for the remittance advice detail on all ACH payments.