COLORADO SPRINGS SCHOOL DISTRICT 11
DEPARTMENT OF FISCAL SERVICES
ACCOUNTS PAYABLE DIRECT DEPOSIT FORM

Complete all information and mail or fax to the Accounts Payable Office.

address:
1115 N. El Paso St
Colorado Springs, CO 80903

Fax # 719-520-2346

PLEASE PRINT or Type

Vendor Name: _____

Address: _____

Tax ID #: _____

Daytime Phone #: _____

Your Payment will be electronically transferred to the bank or financial institution of your choice.
You will receive your payment advice statement via E mail from psoftfinance@d11.org.

Your payment advice will indicate the each invoice being paid

*****NO REMITTANCE STATEMENTS WILL BE MAILED*****

Checking _____ *****E-Mail Address is required** _____

Account Change (Y/N) _____ **It is the responsibility of the vendor to notify the District 11 Accounts Payable Office of an account change.**

Bank Name _____

9-Digit Routing Number of Financial Institution _____

Account # _____

_____ _____
Signature of Authorized Agent for Vendor **Date**

Vendor # (Accounting Use Only) _____

Date Set up by Accounts Payable _____

Verified by A/P (Accounting Use Only) _____