



Colorado Springs Utilities Request for Electronic Payment

Your name (Company or Individual) _____

Remittance address _____

The undersigned hereby authorizes **Colorado Springs Utilities** to initialize credit entries to the account indicated below and the depository named below, hereinafter called depository, to credit the same to such account. If Colorado Springs Utilities initialize a credit entry in error, the undersigned agrees to reimburse Colorado Springs Utilities for the wrongly credited amount. The undersigned agrees that all information provided on this form is true and accurate.

Depository information

Depository name _____

Bank name _____

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 representative

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

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.