



Authorization Agreement for Automated Accounts Payable Payments for Employees

PLEASE CHECK THE APPROPRIATE BOX BELOW.

NEW Change BANK or ACCT# Delete Authorization Change email

Bank Name	City	State	Account #

I am eighteen years of age or older and I hereby authorize CNM to make payment of any reimbursement amounts owing to me by initiating direct deposit credit entries, and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution indicated above. I am authorized to withdraw funds from this account. **This authorization will remain in effect until cancelled in writing. A new authorization form must be completed if I change my CNM email address, change my account, close my account or change financial institutions.**

Note: I understand that the college requires 10 business days to set up this authorization. In the event that my banking institution refuses the electronic transfer of funds, I understand that it may be up to 10 working days before the college will produce an accounts payable check. If any action taken by me, without adequate notification to CNM, results in non-acceptance of the transfer by my financial institution or in the deposit of funds to an incorrect account, I understand that CNM assumes no responsibility for re-issuing the payment unless the funds are returned by the financial institution.

Employee Name (Print)	Employee ID No.

Date	Signature	Extension	CNM Email Address

(Direct Deposit Advice information may only be electronically sent to a CNM e-mail address.)

Account Type Checking Savings

Attach a "voided check" for checking accounts or deposit slip for savings accounts to this form and forward to the Business Office.

THIS SECTION TO BE COMPLETED BY CNM

Transit Routing Number	Account Number Information

**Physical Address: CNM Business Office
525 Buena Vista SE, A30
Albuquerque, NM 87106
(505)224-4459**

**Mailing Address: CNM Business Office
PO Box 4586
Albuquerque, NM 87196**