

## **ACH Validation Form**

## Email to ACHFAX@nbhbank.com or fax to 855-201-0679

Originator Con	npany Name:	
Transmit Date:		
Time:		
Effective (start	) Date:	
File Name:		·····
File Type		
Debit	File Amount \$	
Credit	File Amount \$	
Number of Iten	ns:	
Authorized Company User		(Print Name)
		(Phone)
		(Email)

CREDIT files must be transmitted, and the validation form submitted to Community Banks of Colorado, no later than **3PM** MT at least TWO days prior to the effective date of the file.

DEBIT files must be transmitted, and the validation form submitted to Community Banks of Colorado, no later than **2PM** MT at least one day prior to the effective date of the file.

Treasury Management Client Services Hotline: 1-877-539-4838