



## BANK AMENDMENT FORM

Effective Date \_\_\_\_\_

Participant # CO-01-

### Please Add or Delete the Following Bank Information:

☐ Add    ☐ Delete

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
ABA Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
For Further Credit (FFC) Bank Info:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Bank Contact Person

\_\_\_\_\_  
Phone Number

The above changes have been duly approved by a current Authorized Signer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Note:** All completed forms can be sent by email to [clientservices@colotrust.com](mailto:clientservices@colotrust.com) or by fax to 877-311-0220.