Agency ID _____

STATE OF COLORADO

CORPORATION AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize the Department of _____, State of Colorado, hereinafter called STATE, to initiate credit entries, and if necessary, reverse any incorrect EFT credit entries made in error to our bank account indicated below.

APPLICATION (Payment Type) _____

ENTITY NAME _____

FEDERAL E.I.N. NUMBER ___ ___ – ___ ___ ___ ___ ___ ___ ___

ADDRESS: _____

STREET _____

CITY, STATE, ZIP _____

DEPOSITORY NAME _____

ADDRESS: _____

STREET _____

CITY, STATE, ZIP _____

DEPOSITORY TRANSIT NUMBER _____

DEPOSITORY ACCOUNT NUMBER _____

CHECKING ☐ SAVINGS ☐

(Please Attach one (1) deposit slip)

This agreement is to remain in full force and effect until the STATE has received written notification from the ENTITY of its termination in such time and manner to afford STATE and DEPOSITORY a reasonable opportunity to act on it. It is the responsibility of the ENTITY to fill out a new agreement if the ENTITY changes banks or accounts.

Date _____ Phone No. _____

Authorized Signature _____

Title _____

Authorized Signature _____

Title _____