Agency ID UHA

State of Colorado

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Check one:

New ☐ **Change** ☐

I (we) hereby authorize the Department of Health Care Policy & Financing, 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) **MEDICAID TYPE (34)** **MEDICAID PROVIDER #** _____

LEGAL NAME _____

DBA NAME _____

Complete one of the following (EIN or SSN) but not both

FEDERAL EIN NUMBER
(Corporation, partnership, trust, sole proprietor, etc.) ____ ____ - ____ ____ ____ ____ ____ ____ ____

or

SOCIAL SECURITY NUMBER
(Individual or sole proprietor) ____ ____ ____ - ____ ____ - ____ ____ ____ ____

ADDRESS _____

CITY, STATE, ZIP _____

DEPOSITORY INFORMATION

BANK NAME _____

BANK ADDRESS _____

CITY, STATE, ZIP _____

BANK DEPOSITORY TRANSIT NUMBER _____

ACCOUNT NUMBER _____

TYPE OF BANK ACCOUNT (CHECK ONE) ☐ CHECKING ☐ SAVINGS

Attach voided check or bank letter ***Attach bank letter***

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

Date _____ Phone number _____

Authorized Signature _____

Title _____

Authorized Signature _____

Title _____

For Fiscal Agent Use Only *Initials:* _____ *Date:* _____

Revised: March 2009

Completion Instructions

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New ☐ **Change** ☐

I (we) hereby authorize the Department of Health Care Policy & Financing, 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) **MEDICAID TYPE (34)** **MEDICAID PROVIDER #** *Enter your 8-digit provider #*

LEGAL NAME *Enter the legal name assigned to the Federal EIN or SSN below*

DBA NAME *Optional – You may enter the DBA or trade name for corporation, sole proprietor, etc.*

Complete one of the following (EIN or SSN) but not both

FEDERAL EIN NUMBER (Corporation, partnership, trust, sole proprietor, etc.) *Complete for corporations, partnerships, etc. Enter the EIN assigned to the legal name entered above.*

or

SOCIAL SECURITY NUMBER (Individual or sole proprietor) *Complete for individuals or sole proprietors. Enter the SSN assigned to the legal name entered above.*

ADDRESS *Enter the mailing address for the legal name entered above*

CITY, STATE, ZIP *Enter the City, State and ZIP for the legal name entered above*

DEPOSITORY INFORMATION

BANK NAME *Enter the name of the bank or financial institution where the funds will be transferred*

BANK ADDRESS *Enter the address of the bank or financial institution*

CITY, STATE, ZIP *Enter the City, State and ZIP for the bank or financial institution*

BANK DEPOSITORY TRANSIT NUMBER *Enter the 9-digit number from your voided check (see illustration below) or contact your financial institution for information*

ACCOUNT NUMBER *Enter the account number where the funds will be deposited*

TYPE OF BANK ACCOUNT (CHECK ONE) ☐ CHECKING ☐ SAVINGS

Attach voided check or bank letter ***Attach bank letter***

Enter a check mark to identify the type of account where the funds will be deposited.

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It is the responsibility of the PAYEE to fill out a new agreement if the PAYEE changes banks or accounts.

Date *Enter the date the form is signed* Phone number *Enter your telephone number*

Authorized Signature *This must be the signature of the individual or sole proprietor if an SSN is used or the authorized representative of a corporation, partnership, etc.*

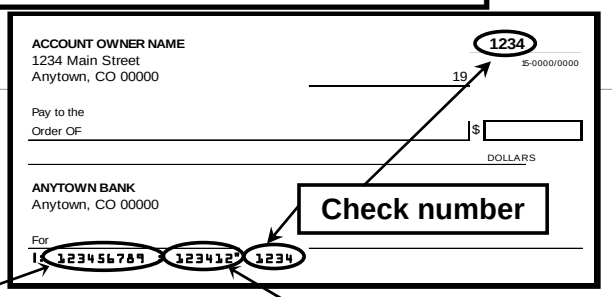
Title *Enter the title of the authorized representative of a corporation, partnership, etc.*

Authorized Signature *Optional – Add a second signature only if required for a corporation, partnership, etc.*

Title *Enter the title of the second authorized representative of a corporation, partnership, etc.*

For Fiscal Agent Use Only *Initials:* _____ *Date:* _____

Revised: March 2009



Check number

Transit number

Account number

Account Number Illustration