

Agency ID _____

STATE OF COLORADO
**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 entries made in error to my bank account indicated below.

APPLICATION (Payment Type) _____

NAME _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

FINANCIAL INSTITUTION NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

FINANCIAL INSTITUTION _____

TRANSIT NUMBER _____

ACCOUNT NUMBER _____

CHECKING (Please attach one (1) voided check) 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 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 No. _____

Authorized Signature _____