

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  (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 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 \_\_\_\_\_