

EFT DIRECT DEPOSIT AUTHORIZATION FORM

State of Colorado Form Rev 5/2014



COLORADO

Division of Finance & Procurement

Department of Personnel
& Administration

SECTION I - DEPOSITOR STATE AGENCY INFORMATION

RETURN THIS FORM TO:

STATE AGENCY _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

AGENCY CONTACT _____ PHONE _____

SECTION II - PAYEE (RECEIVOR) INFORMATION

VENDOR NAME _____

D/B/A _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

SECTION III - FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

ATTACH AN ORIGINAL VOIDED CHECK (TEMPORARY CHECKS AND DEPOSITS SLIPS WILL NOT BE ACCEPTED) OR A BANK LETTER. BANK LETTER MUST INCLUDE ALL INFORMATION REQUESTS IN SECTION III.

DEPOSITORY INSTITUTION NAME _____

BRANCH LOCATION (CITY & STATE) _____

TRANSIT ABA NUMBER _____ (9 digit routing number)

ACCOUNT # _____ CHECKING ACCOUNT SAVINGS ACCOUNT

PAYEE SOCIAL SECURITY NUMBER ON BANK ACCOUNT ____ - ____ - ____

OR

PAYEE EMPLOYER IDENTIFICATION ON BANK ACCOUNT ____ - _____

FOR FURTHER CREDIT TO ACCOUNT _____

SECTION IV - AUTHORIZATION FOR DIRECT DEPOSIT SETUP, CHANGE, OR CANCELLATION

SET UP CHANGE CANCEL

I (we) certify I have the authority to execute this authorization. **I (we) herby authorize** the depositor named at the top of this form to initiate, change or cancel EFT credit entries (deposits), and if necessary to reverse any incorrect EFT payments made in error to the bank account indicated above. In the event a "reversal" can not be implemented, I (we) understand the state will utilize any other lawful means to recover the deposited funds to which the payee was not entitled. I (we) and the depositor agree to be bound by National Automated Clearing House Association (NACHA) Rules.

This authorization is to remain in full force until the State Depositor Agency named above has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it or until the record is inactive for two or more years and is purged from the state payable system.

PRINTED NAME _____ TITLE _____

Signature _____ (your name here serves as an electronic signature) Date ____ / ____ / ____

Submit