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DR 1011 (07/11/16)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0009
303-866-3211 Fax

Authorization Agreement for Automatic Deposits (ACH Credits) for Local Governments, Authorities and Districts

Account Number	FEIN

I (we) hereby authorize the Department of Revenue, State of Colorado, hereinafter called **state**, to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to our bank account indicated below and the Bank named below, hereinafter called **depository**, to credit and/or debit the same to such account.

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|---|--|---|
| <input type="checkbox"/> City | <input type="checkbox"/> County Lodging | <input type="checkbox"/> E 911 |
| <input type="checkbox"/> Public Safety Improvement | <input type="checkbox"/> Short-Term Rental | <input type="checkbox"/> Specific Ownership Tax |
| <input type="checkbox"/> County | <input type="checkbox"/> Cigarette | <input type="checkbox"/> State Retail Marijuana Sales |
| <input type="checkbox"/> Mass Transit | <input type="checkbox"/> Rural Transportation Authority | <input type="checkbox"/> Class F |
| <input type="checkbox"/> Local Marketing | <input type="checkbox"/> Multiple Housing Authority | <input type="checkbox"/> PAX Compression Brake |
| <input type="checkbox"/> Metropolitan District | <input type="checkbox"/> Regional Transportation District | <input type="checkbox"/> PAX Seatbelt |
| <input type="checkbox"/> Local Improvement District | <input type="checkbox"/> Scientific & Cultural Facilities District | <input type="checkbox"/> PAX Judicial Health Service District |
| <input type="checkbox"/> Health Service District | | |

Entity Name	
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Mailing Address	City	State	Zip

Depository Name	
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Branch Address	City	State	Zip

Direct Routing Number Type: Checking Savings
Deposit Account Number

A voided check or letter from the bank for Colorado Trust accounts is required

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 (MM/DD/YY)	Phone Number
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Authorized Signature	Title
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Authorized Signature	Title