EFT DIRECT DEPOSIT AUTHORIZATION FORM

State of Colorado OSC Form Rev 9/2008

Office of the State Controller

Efficient & Effective Financial Management

SECTION I - DEPOSITOR STATE AGENCY INFORMATION

RETURN THIS FORM TO:

STATE AGENCY Colorado Department of Agriculture

MAILING ADDRESS 305 Interlocken Pkwy

CITY, STATE, ZIP Broomfield, CO 80021

AGENCY CONTACT CSCB - Tammra Straub PHONE (303) 869-9040

SECTION II - PAYEE (RECEIVOR) INFORMATION

VENDOR NAME _____

D/B/A _____

MAILING ADDRES _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

CONTACT _____

SECTION III – FINANCIAL INSTITUTION AND ACCOUNT INFORMATION:

ATTACH AN ORIGINAL VOIDED CHECK OR A BANK LETTER. BANK LETTER MUST INCLUDE ALL INFORMATION REQUESTED IN SECTION III.

DEPOSITORY INSTITUTION NAME: _____

BRANCH LOCATION (CITY & STATE) _____

TRANSIT / ABA 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** **EFFECTIVE DATE** ____ /____ /_____

I (we) certify I have the authority to execute this authorization. **I (we) hereby authorize** the depositor named at 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 _____ Date ___ /____ /____

OSC USE ONLY: OSC DATA ENTRY DATE _____ BY: _____