

EFT DIRECT DEPOSIT AUTHORIZATION FORM

State of Colorado OSC Form Rev 9/2008



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 _____
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: _____