

EFT DIRECT DEPOSIT AUTHORIZATION FORM



COLORADO
Office of the State Controller
Department of Personnel & Administration

SECTION I (DEPARTMENT USE) - PAYOR, STATE INFORMATION

STATE DEPARTMENT _____ VCUST# _____
MAILING ADDRESS _____ ADDRESS ID _____
CITY, STATE, ZIP _____ VERIFIED BY _____
DEPARTMENT CONTACT _____
EMAIL _____ PHONE _____

SECTION II - PAYEE, VENDOR INFORMATION

VENDOR NAME _____ PHONE _____
D/B/A (DOING BUSINESS AS, OPTIONAL) _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
EMAIL (FOR REMITTANCE ADVICE) _____

SECTION III - DEPOSITORY FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

INCLUDE A VOIDED CHECK (NOT A TEMPORARY CHECK OR DEPOSIT SLIP) OR SIGNED BANK LETTER THAT INCLUDES ALL INFORMATION REQUESTED IN THIS SECTION

BANK NAME _____ BRANCH ADDRESS _____
ROUTING NUMBER _____ ACCOUNT NUMBER _____
ACCOUNT TYPE CHECKING SAVINGS FOR FURTHER CREDIT (OPTIONAL) _____
PAYEE TAXPAYER ID NUMBER (SSN OR EIN, NO DASHES) _____
SHOULD ALL STATE OF COLORADO PAYMENTS TO THIS TAXPAYER ID USE THIS BANK ACCOUNT? YES NO
IF NO, PLEASE EXPLAIN _____

SECTION IV - AUTHORIZATION FOR DIRECT DEPOSIT SET UP, CHANGE, OR CANCEL

SET UP CHANGE CANCEL **FOR CHANGES ONLY**, PLEASE PROVIDE EXISTING ROUTING & ACCOUNT NUMBER

ROUTING NUMBER _____ EXISTING ACCOUNT NUMBER _____

I certify that I have the authority to execute this authorization. I hereby authorize the State of Colorado 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 cannot be implemented, I understand the State will utilize any other lawful means to recover the deposited funds to which the payee was not entitled. This authorization is to remain in full force until the State has received written notification of cancellation in such time as to afford a reasonable opportunity to act on it.

PRINTED NAME _____ TITLE _____

SIGNATURE _____ DATE _____