

# 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 Commission for the Deaf & Hard of Hearing  
MAILING ADDRESS 1575 Sherman St, Garden Level  
CITY, STATE, ZIP Denver, CO 80203  
AGENCY CONTACT CHERI DAVIS PHONE 303-866-4824

## 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: \_\_\_\_\_