

EFT DIRECT DEPOSIT AUTHORIZATION FORM



COLORADO
Office of the State Controller

Department of Personnel
& Administration

SECTION I – DEPOSITOR STATE AGENCY INFORMATION

RETURN THIS FORM TO:

STATE DEPARTMENT: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
DEPARTMENT CONTACT: _____ EMAIL: _____ PHONE: _____

SECTION II – PAYEE (RECEIVOR) INFORMATION

VENDOR NAME _____
D/B/A _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ EMAIL _____

SECTION III – FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

ATTACH A SCANNED COPY OF A VOIDED CHECK (TEMPORARY CHECKS AND DEPOSITS SLIPS WILL NOT BE ACCEPTED) OR A BANK LETTER. BANK LETTER MUST INCLUDE ALL INFORMATION REQUESTS IN SECTION III.

DEPOSITORY INSTITUTION NAME _____
BRANCH LOCATION (street,city,state,zip) _____
TRANSIT ABA NUMBER _____ (9 digit routing 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

I (we) certify I have the authority to execute this authorization. I (we) herby authorize the depositor named at the 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.

PRINTED NAME _____ TITLE _____
Signature _____ Date _____