

STATE OF COLORADO
AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize the Department of Local Affairs, State of Colorado, hereinafter called STATE, to initiate credit entries, and if necessary, reverse any incorrect EFT credit entries made in error to our bank account indicated below.

APPLICATION (Payment Type) _____

NAME _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

FINANCIAL INSTITUTION NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

FINANCIAL INSTITUTION
TRANSIT NUMBER _____

ACCOUNT NUMBER _____

CHECKING

(Please attach a copy of a voided check)

SAVINGS

(Please attach (1) deposit slip)

This agreement is to remain in full force and effect until the STATE has received written notification from the PAYEE of its termination in such time and manner to afford STATE and FINANCIAL INSTITUTION a reasonable opportunity to act on it. It is the responsibility of the PAYEE to fill out a new agreement if the PAYEE changes banks or accounts.

Date _____ Phone No. _____

Authorized Signature _____

(To complete form, refer to the EFT Authorization Procedures)

EFT Authorization Procedures

- 1) Fill out the form as follows:
 - ! **APPLICATION(PAYMENT TYPE)** - for example, "Expense Reimbursement", or "Rent Payment"
 - ! **NAME** - Your Name as it appears on your bank account
 - ! **SOCIAL SECURITY NUMBER** - Your social security number
 - ! **FINANCIAL INSTITUTION NAME** - Your bank's name
 - ! **ADDRESS** - The address of your bank
 - ! **CITY, STATE, AND ZIP CODE** - The city, state, and zip code where your bank is located.
 - ! **PHONE NUMBER** - The phone number of your bank.
 - ! **FINANCIAL INSTITUTION TRANSIT NUMBER** - The bank transit number located at the bottom of your check or deposit slip, usually located in the bottom left-hand corner.
 - ! **ACCOUNT NUMBER** - Your bank account number located at the bottom of the check or deposit slip, usually located in the bottom center.

- 3) Check the appropriate box for a Checking or a Savings account.

- 4) Sign and date the form. The signature must be the account holder's.

- 5) For checking accounts, attach a copy of a voided check. For savings accounts, attach a deposit slip.

- 6) Return the completed form and attachment(s) in to:
Department of Local Affairs
Accounting & Financial Services
1313 Sherman Street, Room 323
Denver, CO 80203

- 7) Once these forms are turned in for processing, it takes 21 to 28 days for the State Controller's Office and the bank to complete the process.

- 8) For employees of the Department, once you've applied for EFT, please be sure that you check the EFT payment box on your future travel expense reimbursement forms. If this box is not checked, then your reimbursement will be via warrant versus EFT. Note: submitting this form **DOES NOT** update the payroll system.