

# EFT DIRECT DEPOSIT AUTHORIZATION FORM

State of Colorado Form Rev 5/2014



**COLORADO**  
Office of the State Controller

Department of Personnel  
& Administration

## SECTION I – DEPOSITOR STATE AGENCY INFORMATION

RETURN THIS FORM TO:

STATE AGENCY            **STATE CONTROLLERS OFFICE**  
MAILING ADDRESS      **1525 SHERMAN ST 5TH FL**  
CITY, STATE, ZIP        **DENVER CO 80203**  
AGENCY CONTACT **STATE\_CENTRALAPPROVAL@STATE.CO.US** PHONE: **303-866-4090**

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## SECTION II – PAYEE (RECEIVOR) INFORMATION

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

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## SECTION III – FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

**ATTACH AN ORIGINAL 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 \_\_\_\_\_

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## 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 or until the record is inactive for two or more years and is purged from the state payable system.

PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_

Signature \_\_\_\_\_ (your name here serves as an electronic signature)      Date mm/ dd/yy\_

**Submit**