

VENDOR DIRECT DEPOSIT / EFT ACH AUTHORIZATION FORM



COLORADO

Office of the State Controller

Department of Personnel & Administration

SECTION I (AGENCY USE) - PAYOR, STATE INFORMATION

STATE AGENCY _____ VENDOR CODE _____
MAILING ADDRESS _____ ADDRESS ID _____
CITY, STATE, ZIP _____ VERIFIED BY** _____
AGENCY CONTACT/EMAIL _____ VERIFICATION METHOD:
VENDOR/VERIFICATION CONTACT _____ PHONE EMAIL

** State employee who performed independent verification per the EFT Setup/Change guidance (step 8) on the CORE site

SECTION II - PAYEE, VENDOR INFORMATION

PAYEE NAME _____ PHONE _____
DOING BUSINESS AS (DBA, OPTIONAL) _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
EMAIL (FOR REMITTANCE ADVICE) _____

SECTION III - DEPOSITORY FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

PLEASE 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 ACH / DIRECT DEPOSIT SETUP, CHANGE, OR CANCEL

SETUP 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 ACH credit entries (deposits) and if necessary to reverse any incorrect ACH payments made in error to the above bank account. 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 _____