

# EFT DIRECT DEPOSIT AUTHORIZATION FORM



**COLORADO**  
Office of the State Controller  
Department of Personnel & Administration

## SECTION I (DEPARTMENT USE) - PAYOR, STATE INFORMATION

STATE DEPARTMENT \_\_\_\_\_ VCUST# \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ ADDRESS ID \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ VERIFIED BY \_\_\_\_\_  
DEPARTMENT CONTACT \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

## SECTION II - PAYEE, VENDOR INFORMATION

VENDOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
D/B/A (DOING BUSINESS AS, OPTIONAL) \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
EMAIL (FOR REMITTANCE ADVICE) \_\_\_\_\_

## SECTION III - DEPOSITORY FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

**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 DIRECT DEPOSIT SET UP, CHANGE, OR CANCEL

SET UP  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, 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 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 \_\_\_\_\_