

**OPTIONAL AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS (ACH Credits)**

Payments from The Colorado Trust (henceforth known as “TCT”), may be made through ACH transaction to partner agencies and vendors. A completed form is required to initiate the transaction. ACH transactions must comply with the provisions of U.S. law.

**Organization or Vendor: EIN No:**

I (we), hereby authorize TCT to initiate credit entries, and if necessary demand the return of payment, or send a debit to reverse a credit to my (our):

(Select one) Checking Account or Savings Account

At the depository financial institution named below:

**Bank Information**

Financial Institution:

City: State: Zip Code:

**Account**

Routing/ABA Number (9-digits):

(verify ACH routing # with financial institution)

Account Number:

Account Name:

This authorization is to remain in full force and effect until TCT has received written notification of its termination in such time, and in such manner as to afford TCT and financial institution a commercially reasonable opportunity to act on it.

Authorized Signer: Title:

(Please print or type)

Signature: Date:

Contact Phone Number: Email:

If you have more than one authorized signer on this account, please attach additional sheets as necessary to include their names and signatures. **Also, please attach a voided check or a copy of a voided check. Additionally, please allow sufficient time for TCT to set up and test this ACH payment.**

Return this form with attachment to:

The Colorado Trust, Attn: Finance, 1600 Sherman Street, Denver, CO 80203

Call: 303.837-1200 for assistance