



**THE
COLORADO
TRUST**

A Health Equity Foundation

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WWW.COLORADOTRUST.ORG **FAX** 303-839-9034

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH Credits)

Company Name: The Colorado Trust

Company ID Number: 84-0994055

I hereby authorize The Colorado Trust hereinafter called COMPANY, to initiate credit entries to my _____Checking _____Savings account (check only one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit same to such account.

Bank Name: _____

Bank Transit/ABA: _____

Beneficiary Account Name: _____

Beneficiary Account Number: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination is such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Individual Name: _____

Date: _____

Signed: _____

Email (for notification of payments): _____

Print