

**COLORADO DEPARTMENT OF TRANSPORTATION  
GENERAL AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)**

Purpose: Used to establish or update the vendor account banking information and email notification of CDOT ACH credit payments.

Name:	SSN or FEDERAL EIN:
Address 1:	City, State, Zip:
Address 2:	City, State, Zip:
Remit Email Address: (Remittance for each payment will be emailed to this address)	

Financial Institution Name:	
Address:	City, State, Zip:
Financial Institution Routing Number:	
Financial Institution Account Number:	
<input type="radio"/> Checking (Attach Voided Check or Bank Letter)	<input type="radio"/> Savings (Attach Bank Letter)

I (We) hereby authorize the **Department of Transportation, State of Colorado**, herein after called STATE, to initiate credit entries, and if necessary, reverse any incorrect ACH credit entries made in error to our bank account indicated on this form, in accordance with NACHA rules.

This agreement is to remain in full force and effect until the STATE has received written notification from the PAYEE of its termination in such time and manner to afford STATE and FINANCIAL INSTITUTION a reasonable opportunity to act on it. It is the responsibility of the PAYEE to fill out a new agreement if the PAYEE changes banks or accounts.

Authorized Signature:	Date:
Printed Name:	Title:
Email Address:	Phone Number:

CDOT Contact Phone No.: 303-757-9534

CDOT Form #1434 04/19

Please email the completed form and necessary attachments to: [DOT\\_Accounts\\_Payable@state.co.us](mailto:DOT_Accounts_Payable@state.co.us)