

**COLORADO COLLECTION AGENCY LICENSE
BANK ACCOUNT INFORMATION**

Collection Agency Name _____

Trust Accounts

Trust account(s) information: List all your trust accounts below. For any out-of-state trust account(s), you must also submit an Out-of-State Trust Account Affidavit (next section). Attach additional pages if necessary.

Trust account Number: _____

Name of Bank: _____

Bank's address: _____
(Street address) (City) (State) (Zip code)

Bank's phone #: _____ Bank's fax # (if applicable): _____

Person(s) authorized to write checks or responsible for this account:

Operating Accounts

Operating account(s) information: List all your operating accounts below:

Operating account #: _____

Name of Bank: _____

Bank's address: _____
(Street address) (City) (State) (Zip code)

Bank's phone #: _____ Bank's fax # (if applicable): _____

Person(s) authorized to write checks or responsible for this account:

Applicant/Licensee hereby authorizes the above-named banks/associations to release information concerning the accounts of applicant/licensee to the Administrator of the Colorado Fair Debt Collection Practices act at any time.
Statements made herein are under oath. False statements may be punishable as second-degree perjury.

Signature of officer, partner, or owner

Date

Print name and title