

**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