

**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