

**COLORADO DEBT MANAGEMENT SERVICES
PROVIDER REGISTRATION
TRUST ACCOUNT AUTHORIZATION**

Please select the type of application that you are submitting. If the application is for a renewal, please provide your current registration number (e.g. DM-000000).

Initial Application

Renewal Application

Registration Number:

Legal Name of Debt Management Provider:

Registration Number:

Bank Name:

Bank Address (Street Address, City, State, and Zip Code):

Bank Phone Number:

Designee Name (if applicable):

Account Number:

Persons with access to this account (provide names and titles). Attach additional pages if needed:

Applicant or Designee hereby authorizes the above-named bank to release information, at any time, concerning the above account(s) of Applicant or Designee to the Administrator of the Colorado Uniform Consumer Credit Code. The Applicant or Designee gives irrevocable consent authorizing the Administrator to review and examine trust account(s) at any time. Corporations should include the signature of the President or other authorized official of the corporation. LLCs should include the signature of the managing member. Partners must sign individually or in accordance with the Partnership Agreement.

Statements made herein are under oath. False statements may be punishable as second-degree perjury.

Signature of Authorized Person

Date

Designee's Signature