

STATE OF COLORADO
ADMINISTRATOR
COLORADO FAIR DEBT COLLECTION PRACTICES ACT

OUT OF STATE TRUST ACCOUNT AFFIDAVIT

(Use only for out-of-state trust accounts)

I, _____
(legal name of collection agency, referred to below as “affiant”), do hereby swear and affirm under penalty of perjury that the following information is true and correct:

1. Affiant is licensed as a collection agency by the Administrator of the Colorado Fair Debt Collection Practices Act and/or is applying for a Colorado collection agency license.
2. Affiant maintains one or more trust accounts (“account”) in a state(s) other than the State of Colorado. Provide the trust account number or numbers, name, address, telephone of the bank: **(For each trust account - submit a separate affidavit).**

Trust Account No: _____

Bank Name: _____

Bank Address: _____

Telephone No: _____

3. The account is used for the benefit of affiant’s clients located in the State of Colorado. The account may also be used for the benefit of affiant’s other clients.
4. The funds maintained in the account contain, at all times, sufficient funds to pay all sums due and owing to all of affiant’s clients.
5. The funds maintained in the account are used only for purposes of paying affiant’s clients and the account is not used as an operating account.
6. Affiant acknowledges that the account, although not maintained in a financial institution within the State of Colorado, may be attached upon order of a Colorado court and authorizes such attachment.

(Date)

(Signature of Owner, Partner, or Officer)

(Print Name and Title)

Subscribed and sworn to before me in the County of _____, State of _____, on this _____ day of _____ 20____.

My Commission expires: _____

NOTARY PUBLIC