

Colorado Telecom Program Recipient

Colorado ACH Request Form

All Colorado payments are issued electronically.

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Company Name: _____

EIN: _____

Bank Name: _____

Bank Address: _____

Bank City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone# _____

ABA Routing#: _____ Account#: _____

Account Type (Checking or Savings): _____

=====

Company Office Name (please print name): _____

Office Signature: _____

Officer Title: _____ Date: _____

Officer Phone Number: _____ Email Address: _____

Please submit this form to:

Department of Regulatory Agencies (DORA)



*c/o Rolka Loube Associates, LLC
4050 Crums Mill Rd. Suite 303
Harrisburg, PA 17112*

E-Mail: cohcsn@rolkaloube.com for any High Cost or Broadband recipients or/and for any 911/988/TRS recipients to cosurcharges@rolkaloube.com