

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(s): (For each Trust Account provide a separate affidavit)

Trust Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

\_\_\_\_\_

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)

By: \_\_\_\_\_  
(Signature of Officer, Partner, or Owner)

\_\_\_\_\_  
(Print Name and Title)

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_.

My commission expires \_\_\_\_\_

By: \_\_\_\_\_  
(Notary Public)