

Colorado Department of State
Prepaid Accounts: Policies, Terms and Conditions

The Department of State (Department) offers Prepaid Accounts for those businesses/entities that conduct frequent transactions with the Department, i.e., those filers who have multiple transactions occurring at least each business day of the month. Effective May 1, 2010, the Department is implementing the following Terms and Conditions that outline the requirements for opening and maintaining a Prepaid Account. Businesses/entities that wish to apply for and use the Prepaid Account option for their transactions are required to agree to these Terms and Conditions. The Department expects that from time to time changes to these Terms and Conditions may be required. The most current version will be posted on the Department's website at www.sos.state.co.us.

Terms and Conditions for Prepaid Accounts with the Department of State

1. All Prepaid Accounts must be opened via a "paper application" submitted to the Department of State. (These accounts will not be available to open on-line via the Department of State website.) The application must be completed entirely, including the physical address of the business/entity and the email address for the point of contact for the account.
2. All Prepaid Accounts must be opened in the filer's "Business" or "Entity" name. Only one account number will be assigned to a single "Business" or "Entity". No multiple accounts will be opened for the same entity.
3. An initial deposit of a minimum of \$500, submitted with the paper application, is required to open a Prepaid Account. Thereafter, future deposits to maintain the Prepaid Account must be a minimum of \$500 each.
4. The Point of Contact named on the application for the entity will be notified via email when the account balance drops below \$250.
5. All deposits made via check will be available for transactions upon receipt by the Department. If a check is returned because of insufficient funds or a closed bank account, the Prepaid Account will be placed on hold and will not be available for use by the entity until the check is "made good" and the balance in the account is sufficient to process transactions.
6. Beginning with the first month upon opening a Prepaid Account, and for each month thereafter, the Department will assess a monthly service fee of \$25 to cover costs associated with managing the account activity. This fee will be deducted by the Department from the balance in the Prepaid Account.
7. At least monthly, the Department will send a statement of the account via email to the Point of Contact of the Prepaid Account holder.
8. Any Prepaid Account that has no activity within a 12-month period will be closed and a refund of any funds remaining in the account will be sent to the business or entity under whose name the account was opened.
9. A business or entity that wishes to close a Prepaid Account must submit such request to the Department of State in writing, signed by an authorized individual and stating the date the account should be closed. No transactions may be made against the account after that date. Within 30 days of the closure of the account, the Department will refund any remaining funds in the account to the business or entity under whose name the account was opened.
10. The Prepaid Account holder is responsible for notifying the Department of State, in writing, of any changes in the address, contact information (including email address), or authorized account users of the business or entity under whose name the account was opened.
11. Unless otherwise indicated in writing by the business or entity, all fees for transactions submitted by the business or entity will be deducted from the Prepaid Account of the named business or entity under whose name the account was opened.

By signing the Prepaid Account Application, the applicant agrees to these "Terms and Conditions" to hold a Prepaid Account with the Department of State.

STATE OF COLORADO

Department of State
1700 Broadway, Suite 200
Denver, CO 80290



Wayne W. Williams
Secretary of State

Prepaid Account Application

All information on this application is required to establish a Prepaid Account.

Business/Entity Name

Business/Entity Address

_____ (Number and Street Name)

_____ (City) (State) (Zip Code)

_____ (Province and Country, if applicable)

Mailing Address

(If different than street address)

_____ (Number and Street Name, or P.O. Box)

_____ (City) (State) (Zip Code)

Point of Contact for this account

_____ (Name) (Title)

_____ (Telephone Number, with Area Code) (Fax Number, with Area Code)

E-mail Address of Contact

Individuals authorized to use account

_____ (Name) (Telephone Number)

_____ (Name) (Telephone Number)

_____ (Name) (Telephone Number)

Individual authorized to open account

_____ (Print Name) (Title)

_____ (Telephone Number) (E-mail Address)

_____ (Signature of Authorized Individual) (Date)

The person signing for the Business/Entity named on this application hereby affirms that she/he is authorized to act on behalf of such Business/Entity with regard to use of a Prepaid Account with the Department of State, agrees to the terms and conditions of having a Prepaid Account, and acknowledges that the Department of State is relying on her/his representations to that effect.

For Office Use Only

Date Application Received: _____

Account Number Assigned: _____

Amount of Initial Deposit: \$ _____

Date Account Opened: _____

Date Account Closed: _____

Comments: _____