



# COLTAF

## Enrollment Form

Have questions? Call COLTAF at 303.863.7221.

### Lawyer or Licensed Legal Paraprofessional (LLP) Information

**Firm Name:** \_\_\_\_\_

**Lawyer or LLP Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address (Optional):** \_\_\_\_\_

*By providing your email address, you consent to receiving emails from COLTAF. If you opt not to provide an email address, you are waiving your right to notice when required by COLTAF's bylaws.*

**Lawyer or LLP Registration Number:** \_\_\_\_\_

**Lawyer or LLP Signature:** \_\_\_\_\_

### Financial Institution Information

**Financial Institution Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

*The account must be titled: "COLTAF Trust Account of [Firm Name]"*

#### Account Opening Checklist:

*Completing the account opening checklist is mandatory. Each item must be initialed by the teller.*

\_\_\_\_\_ I named this account using the format: "COLTAF Trust Account of [Firm Name]"

\_\_\_\_\_ I have notified the person opening this account that all checks drawn on this account must include "COLTAF Trust Account of [Firm Name]" and the firm's phone number.

\_\_\_\_\_ I have opened this account with the Tax ID of COLTAF, #74-2250921.

\_\_\_\_\_ I will promptly send one copy of this form to COLTAF at 1600 Broadway, Ste 1400, Denver, Colorado 80202 or via COLTAF's secure remittance portal.

**Teller Name (Printed):** \_\_\_\_\_

**Teller Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_