



CITY OF LOVELAND
FINANCE DEPARTMENT
Civic Center • 500 East Third • Loveland, Colorado 80537
(970) 962-2308 • FAX (970) 962-2994 • TDD (970) 962-2620

ACH/EFT VENDOR ENROLLMENT FORM

AGENCY INFORMATION	
Name:	City of Loveland
Address:	500 East 3 rd Street, Ste. 320
City/State/Zip:	Loveland, CO 80537
Contact Name:	Tamara Hansen
Telephone #:	970-962-2307
Email:	Tamara.Hansen@cityofloveland.org
COMPANY INFORMATION	
Name:	
Address:	
City/State/Zip:	
Contact Name:	
Title:	
Signature:	Date:
Telephone #:	Fax:
Tax ID:	
Email:	
PAYMENT REMITTANCE INFORMATION	
Firm Name:	
Address:	
City/State/Zip:	
Remit Contact:	
Title:	
Signature:	Date:
Telephone #:	
Fax #:	
Email:	
FINANCIAL INSTITUTION INFORMATION	
Bank Name:	
Address:	
City/State/Zip:	
9-digit Routing Transit #:	
Account #:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

By submitting this form to the City of Loveland (City), I authorize the City and the financial institution named above to automatically deposit funds I am entitled to receive into the account identified above (my account). I authorize the City to initiate correction (debit) entries for any funds credited to my account in error and authorize the financial institution to return any funds deposited to my account to the City. This authorization will remain in effect until I cancel it in writing.

* If you are CHANGING BANKING Information:

OLD (Current) Routing # _____

OLD (Current) Acct # _____