

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

City of Loveland
Utility Billing Division
ID # 84-6000609

I hereby authorize the City of Loveland, hereinafter called CITY, through Wells Fargo Bank, to initiate monthly debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my _____ Checking or _____ Savings (**select one**) account indicated below. I also authorize my depository/bank named below, hereinafter called BANK, to debit and/or credit the same to such account.

BANK NAME _____

TRANSIT ROUTING NO. _____ ACCT. # _____

IN THE EVENT OF ERROR ON THE PART OF THE CITY IN DEBITING MY ACCOUNT OR IN OTHERWISE HANDLING THIS AUTHORIZATION, I UNDERSTAND THAT THE CITY WILL MAKE ADJUSTMENTS TO CORRECT THE ERROR. HOWEVER, I AGREE THAT IN NO EVENT SHALL THE CITY BE LIABLE FOR ANY CONSEQUENTIAL, SPECIAL, PUNITIVE OR INDIRECT LOSS OR DAMAGE WHICH I INCUR AS A RESULT OF SAID ERROR.

I agree to pay to the City an insufficient funds fee of \$20.00 for each debit authorized by this Agreement which is dishonored by my Bank for whatever reason.

The City of Loveland reserves the right to terminate this Agreement with or without cause at any time upon written notification.

This authority is to remain in full force and effect until the CITY AND BANK have received written notification from me of its termination in such a manner so that the CITY will receive it 15 business days prior to the next scheduled transaction.

PLEASE ATTACH VOIDED CHECK OR DIRECT DEPOSIT/AUTOMATIC PAYMENT FORM

Name _____ Signed _____
Daytime Phone _____ Date _____

Please list each address for which you want the utility bills automatically withdrawn from your bank account, per this agreement:

Please submit form to: City of Loveland Utility Billing, 500 E 3rd St STE 100, Loveland, CO 80537

For Office Use Only:

Account # _____
Cycle/Route _____
U/B Clerk _____

Bank Code _____
Processing Clerk _____
Date Processed _____