

ACH VENDOR PAYMENT ENROLLMENT FORM

AGENCY INFORMATION	
NAME:	City of Loveland
ADDRESS:	500 E. 3rd Street Ste. 320 Loveland, CO 80537
CONTACT PERSON NAME:	Bonnie Steele
TELEPHONE NUMBER:	970-962-2313
PAYEE/COMPANY INFORMATION	
NAME:	Date:
ADDRESS:	
CONTACT PERSON NAME:	
TELEPHONE NUMBER:	
FINANCIAL INSTITUTION INFORMATION	
NAME:	
ADDRESS:	
NINE-DIGIT ROUTING TRANSIT NUMBER:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS