

ACH AUTHORIZATION FORM

Please return the completed form to
the Larimer County Treasurer & Public Trustee's Office.

LIENHOLDER NAME: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK ROUTING #: _____

BANK ACCOUNT #: _____

TYPE OF ACCOUNT: ☐ Checking- Business
☐ Check - Personal
☐ Savings - Business
☐ Savings - Personal

Authorized Signature

Date

Printed Name

Title (if applicable)

Email Address

Phone Number

