

ACH AUTHORIZATION FORM

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

LIENHOLDER NAME:

(If liens purchased under a business,
provide business 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

