



749 Main Street
Louisville, CO 80027
303-335-4500

Recurring EFT Payment Authorization Form

I hereby authorize and request the City of Louisville (CITY) to receive payment of amounts owed by me for utility charges to CITY on or after the due date by initiating debit entries to my account at the Banking Institution (BANK) indicated below. I hereby authorize and request BANK to accept and debit entries initiated by CITY and to debit the same to my account without liability for the correctness of entries.

Utility Account Number:	
Customer Name :	
Service Address:	
Mailing Address:	
Phone Number:	Email:
☐ Checking Account	☐ Savings Account

I understand that this authorization will remain in effect until I cancel and I agree to notify the City of Louisville changes in my account information in writing before the date indicated on my statement. If an erroneous debit is made to my account I authorize CITY and BANK to stop payment, reverse the entry or make any adjustments necessary to my account to correct the erroneous entry.

Customer Signature

Date

Please return this form with a voided check attached below.