



City of Loveland

120 W LOVELAND AVE
LOVELAND, OH 45140

Account # : _____ X _____ X _____

Date Received : _____

Lebanon Citizens National Bank Directlink Authorization Agreement for Automatic Payment via ACH

CUSTOMER INFORMATION

Your Name : _____
As it appears on your bank account, if different.

Address : _____

City, State, Zip : _____ Phone : _____

FINANCIAL INSTITUTION

Financial Institution's Name : _____

ABA Routing # : _____ Account # : _____

Address : _____ State _____ Zip _____

Phone : _____ Account Type : Checking Savings

AUTHORIZATION

I hereby authorize the City of Loveland Utilities to initiate debit entries to my (our) account indicated above. This authority is to remain in full force and effect until notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date : _____ Signature : _____

Please enclose a voided check.