

**POTTAWATTAMIE COUNTY AUDITOR
AND ELECTION COMMISSIONER**
PO BOX 649
COUNCIL BLUFFS, IOWA 51502-0649



Pottawattamie County Payroll Department
Phone: 712-328-5700 Option 6
Internal Extensions: 3015 or 3027
SECURE Fax: 712-328-4781

DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE PRINT ALL INFORMATION

Employee Print Name _____

Account **if depositing into more than one (1) account another form will need to be filled out for each additional*

Checking Savings

Bank Name _____ Bank Routing Number (ABA number) _____

Account Number _____

Dollar Amount to be deposited in this account or Balance of Paycheck _____

Employee's Authorization for Pottawattamie County Auditor's Office

This authorizes Pottawattamie County Auditor's Office to send credit entries (and appropriate debit and adjustment entries), electronically (ACH) to my (our) account indicated above. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transaction authorized herein shall comply with all applicable U.S. Law. **This authorization will be in effect until Pottawattamie County Auditor's Office/Payroll Department receives a written termination notice from me within 30 days of any change in my account.**

Employee Signature

Date

Please provide which option you prefer to receive your statement:

Email Address: _____

If address above is not a County provided email (@pottcounty-ia.gov), Pottawattamie County Auditor's Office is not responsible for lost or stolen statements sent outside of the County servers. Notify the Auditor's Office immediately if the address changes.

Paper:

**Attach a Voided Check for Account
OR
Have Bank Verify Below:**

Print Name and Bank Name _____

I do hereby Verify that the above mentioned account is OPEN

And **Bank Routing Number** is _____

Bank Signature and Title _____ Date _____