



**POTTAWATTAMIE COUNTY AUDITOR
ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM**

Date: _____

Vendor #:

Vendor Name: _____

DBA: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

In an effort to go 'green' the Pottawattamie County Auditor is beginning to process payments electronically. To avoid possible disruption in payments, it would be to your benefit to set up the EFT now. Please ensure the information you provide is current and correct. In the future, it will be important to notify us of any changes to your information. If you have more than one location which may have different tax identification numbers (TIN) as well as different banking information, please fill out a form for each location.

Federal Tax Number/Social Security Number: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

Type of Account: **(circle or check box)** _____ Checking _____ Savings **AND** _____ Commercial _____ Personal _____

FORM WILL NOT BE ACCEPTED WITHOUT COPY OF VOIDED CHECK OR BANK VERIFICATION LETTER

Vendor Contact Name: _____

Title: _____

Telephone: _____

FAX: _____

Email: _____

(We will email you an EFT payment summary.)**

This information should be mailed to: Pottawattamie County Auditor

Attn: Accounts Payable

227 S 6th St

Council Bluffs IA 51501

Faxes or declaration of banking information over the telephone or email will not be accepted. This form must be accompanied by a voided check to ensure legible entry of the banking information, or a bank letter verifying the account and routing numbers. If information needs to be corrected (name, address, tax identifier), please provide a W-9. For questions, please contact our Finance Department at (712) 328-5700.