



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

Date: _____

Vendor #: _____

Vendor Name: _____

DBA: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Vendor Federal Tax Number/Social Security Number: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

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

AND _____ Commercial or _____ Personal

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

Vendor Contact Name/Title: _____

Telephone: _____

Email for payment summary to be sent to be sent to: _____

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.

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.

Below this line for internal use only _____

Date/Time _____ Number Called _____ Spoke to _____

Verified by _____