

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name

(Please Print)

\_\_\_\_\_

Dealer Number

\_\_\_\_\_

I hereby authorize the POLK COUNTY TREASURER to withdraw funds from the checking account indicated below for vehicle transactions processed. I understand the contact person(s) noted herein will be able to access a detailed report through the website of the Polk County Treasurer that lists processed orders and identifies the total dollar amount to be withdrawn.

Depository Name

\_\_\_\_\_

Routing Number

\_\_\_\_\_

(A number must be entered on each line.)

Account Number

\_\_\_\_\_

(The length of an account number may vary. Begin entering the account number with the first line on the left)

This authorization is to remain in full force and effect until the POLK COUNTY TREASURER has received written confirmation of the authorization termination or a depository change in such time and in such manner as to afford the POLK COUNTY TREASURER and the noted depository a reasonable opportunity to act on it. If there is a change in the depository routing number and/or account number a new authorization form must be completed.

Company Officer's Name (Please Print)

\_\_\_\_\_

Company Officer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Please complete the contact information in the space below. Email information is required in order for you to receive a report correction or a report in the case of extenuating circumstances with the website functionality.

Contact Name (Please Print)

Phone Number

Email Address

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

A contact person may be added or changed through written notice or email, as authorized by the company officer

noted above, and sent to:

Polk County Treasurer

Cash Management Division

111 Court Ave., Rm 160

Des Moines, IA 50309-2298

Phone: (515) 286-3035 Email: CashManagement@PolkCountyIowa.gov

\*\*\*\*\*REQUIRED: ATTACH A VOIDED CHECK HERE\*\*\*\*\*