

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the web site of the Polk County Treasurer that lists processed orders and identifies the total dollar amount to be withdrawn.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 its 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. E-mail information is required in order for you to receive a report correction or a report in the case of extenuating circumstances with the web site functionality.

Contact Name (Please Print)	Phone Number	E-mail address
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

A contact person may be added or changed through written notice or e-mail, as authorized by the company officer noted above, and sent to:

Polk County Treasurer
Cash Management Division
111 Court Ave., Room 160
Des Moines, IA 50309-2298
Phone: (515) 286-3035 E-mail: cashmanagement@co.polk.ia.us

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