



BLACK HAWK COUNTY
VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

Vendor No: _____
(Office Use Only)

Vendor Name: _____

Address: _____

Bank Name: _____

Bank Routing #: _____ Account #: _____

E-mail Address: _____

Attach a Voided Check

Authorization

This authorizes Black Hawk County to send credit entries (and appropriate adjustment entries), electronically or by any other commercially accepted method, to my account indicated above and to other accounts I identify in the future. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until Black Hawk County receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: _____ Date: _____