

Direct Deposit Authorization Form



Iowa Department of Administrative Services

Service • Efficiency • Value

SECTION 1 – TRANSACTION TYPE

ARE YOU ADDING, CHANGING OR CANCELING THIS AGREEMENT? ADD CHANGE CANCEL

- 1) The agreement represented by this authorization remains in effect until canceled by the payee and until such time, payments made by the State of Iowa to you will be deposited into the account at the financial institution designated below.
- 2) You are required to submit a new form for any change in banking designation or to cancel this authorization and revert to a state warrant.
- 3) It is your responsibility to notify the State of Iowa any time an account is closed.
- 4) An add or change in EFT status will be effective ten business days after entry into the State's accounting system.
- 5) A cancelation will become effective immediately after entry into the State's accounting system.

SECTION 2 – BUSINESS / INDIVIDUAL IDENTIFICATION INFORMATION

BUSINESS / INDIVIDUAL LEGAL NAME _____
Name Tax ID is Assigned To and Used for Tax Reporting

BUSINESS NAME _____
DBA (Doing Business As) If Different than Legal Name

SSN _____ OR FEIN _____
Social Security Number Federal Employee ID Number

MAILING ADDRESS _____
Address to be used in case of Default to Check

CITY _____ STATE _____ ZIP _____

SECTION 3 – BANKING INFORMATION

Section 3 **requires** one of three items:

- 1) A voided check or copy of enrollment confirmation if a pre-paid card, or
- 2) The financial institution must complete the representative box within Section 3, or
- 3) The financial institution must supply a bank account verification letter.

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME ON ACCOUNT _____

ACCOUNT TYPE:

ROUTING TRANSIT NUMBER _____

SAVINGS

CUSTOMER ACCOUNT NUMBER _____

CHECKING

REQUIRED IF REQUESTING A CHANGE:

OLD Routing Number: _____ OLD Account Number _____

I have verified the signature(s) and account numbers above. The Financial Institution is ACH capable and will comply with NACHA rules.

REPRESENTATIVE NAME _____ REPRESENTATIVE TITLE _____

SIGNATURE _____

DATE _____

PHONE NUMBER _____

SECTION 4 – **REQUIRED** VENDOR AUTHORIZATION FOR ADD, CHANGE OR CANCELATION

I hereby authorize the Department of Administrative Services to deposit payments from the State of Iowa to the account designated on this form and to initiate any adjustments or debit entries to this account for any erroneous deposits in the amount of the error only. I also understand that the State of Iowa can only deposit funds into one financial institution and account.

I certify that I am authorized to enter into this agreement as the account holder or on behalf of the account holder.

AUTHORIZED NAME _____ TITLE _____ DATE _____

SIGNATURE _____

PHONE NUMBER _____

Mail or Fax Completed Form to: Iowa Department of Public Safety

Attn: POR
215 E 7th St - 4th Floor
Des Moines IA 50319

Fax Number
(515) 725-6261

Phone Number
(515) 725-6248

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