

Vendor Direct Deposit Authorization Form



Department of
Administrative Services

SECTION 1 – TRANSACTION TYPE (MUST BE COMPLETED)

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 (MUST BE COMPLETED)

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 _____

Social Security Number

OR

FEIN _____

Federal Employee ID Number

MAILING ADDRESS _____

Address to be used in case of Default to Check

CITY _____ STATE _____ ZIP _____

Zip+4

SECTION 3 – BANKING INFORMATION (MUST BE COMPLETED)

FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ADDRESS _____

CITY _____ STATE _____

ZIP _____

NAME ON ACCOUNT _____

ACCOUNT TYPE

Zip+4

ROUTING TRANSIT NUMBER _____

CUSTOMER ACCOUNT NUMBER _____

☐ SAVINGS

☐ CHECKING

Section 3 Requirements:

- 1) Mail a voided check in with this completed form (copies, faxes, scans or starter checks are **not** accepted)
OR
- 2) Financial Institution Representative Box below is completed and signed by the financial institution

FINANCIAL INSTITUTION REPRESENTATIVE (Required, if voided check not provided)

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 _____

REQUIRED IF REQUESTING A BANK CHANGE:

OLD Routing Number _____ OLD Account Number _____

SECTION 4 – VENDOR AUTHORIZATION FOR ADD, CHANGE OR CANCELTION (MUST BE COMPLETED)

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 _____ TITLE _____ DATE _____

NAME SIGNATURE _____

Mail or Fax Completed Form to: Department of Administrative Services - State Accounting Enterprise

Fax Number
(515) 281-5255

Attn: EFT Administrator
Hoover State Office Building, 3rd FL
1305 E Walnut Street
Des Moines, Iowa 50319

Phone Number
(515) 490-9341

Updated 10/2026