Direct Deposit Authorization Form



SECTION 1 - TRANSACTION TYPE

SECTION I - TRANSACTION ITP	-				
ARE YOU ADDING, CHANGING OR CANCELII	NG THIS AGREEM	ENT?	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 lowa 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 lowa 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 Diffe	_				
SSN		or FEIN_	Federal Employee ID Numb	ner	
MAILING ADDRESS			r odorar Emproyee 12 rvams	,,,,	
Address to be used in case of	Default to Check				
CITY	STATE		ZIP		
SECTION 3 – BANKING INFORMATION					
1) A voided check or copy of enrollment confirmation if a pre-paid card, or					
Section 3 requires one of three items:	•		mplete the representative	•	٢
	3) The financial in	nstitution must su	pply a bank account verif	ication letter.	
FINANCIAL INSTITUTION NAME					
FINANCIAL INSTITUTION ADDRESS					
CITY	STATE		ZIP		
Name on Account					NT TYPE:
ROUTING TRANSIT NUMBER				SA	VINGS
CUSTOMER ACCOUNT NUMBER				CH	HECKING
REQUIRED IF REQUESTING A CHANGE:					
OLD Routing Number:		OLD Acco	unt 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		Ri	EPRESENTATIVE TITLE	<u> </u>	
SIGNATURE					
DATE	PHONE NUMBER				
SECTION 4 – REQUIRED VENDOR AUTHORIZATION FOR ADD, CHANGE OR CANCELATION					
I hereby authorize the Department of Adr	ninistrative Servic	es to deposit pa	syments from the State	of lowa to the accoun	t 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					

Mail or Fax Completed Form to: Dept. Admin Services-State Accounting Enterprise

SIGNATURE ___

Attn: EFT Coordinator

Fax Number Hoover State Office Building, 3rd FL **Phone Number** (515) 281-5255 Des Moines, Iowa 50319 (515) 281-0246

PHONE NUMBER _____