

# Direct Deposit Authorization Form



Iowa Department of Administrative Services

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## 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 CANCELTION

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:** Dept. Admin Services-State Accounting Enterprise  
Attn: EFT Coordinator

**Fax Number**  
(515) 281-5255

Hoover State Office Building, 3<sup>rd</sup> FL  
Des Moines, Iowa 50319

**Phone Number**  
(515) 281-0246