

**Direct Deposit Authorization Form  
Iowa Economic Development Authority**

**SECTION 1 – TRANSACTION TYPE**

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

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. You will be required to submit a new form for any change in banking designation or to cancel this authorization and revert to a state warrant. It is your responsibility to notify the State of Iowa any time an account is closed.

An add or change in EFT status will be effective ten business days after entry into the State's accounting system. A cancellation will become effective immediately after entry into the State's accounting system.

**PLEASE NOTE THAT THIS FORM NEEDS TO BE COMPLETED ONLY IF A NEW BANK ACCOUNT IS BEING SET UP FOR DIRECT DEPOSIT. IF FUNDS ARE ALREADY RECEIVED FROM THE STATE OF IOWA VIA EFT INTO THE BANK ACCOUNT A NEW FORM DOES NOT NEED TO BE COMPLETED FOR FUNDS TO BE RECEIVED FROM THE IOWA DEPARTMENT OF ECONOMIC DEVELOPMENT.**

**SECTION 2 – BUSINESS/INDIVIDUAL IDENTIFICATION INFORMATION**

BUSINESS/INDIVIDUAL LEGAL NAME: \_\_\_\_\_  
(NAME TAX ID IS ASSIGNED TO AND USED FOR TAX REPORTING PURPOSES)

BUSINESS NAME: \_\_\_\_\_  
(DBA-DOING BUSINESS AS NAME IF DIFFERENT FROM LEGAL NAME)

GRANT/PROJECT NUMBER: \_\_\_\_\_  
(EXAMPLE: 10-WS-013, 08-DRMH-004, 10-HSG-083, 08-DRB-203)

SSN |\_\_|\_|\_| - |\_\_|\_| - |\_\_|\_|\_|\_|    OR    FEIN (Fed. Empl. ID Number) |\_\_|\_| - |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|

MAILING ADDRESS: \_\_\_\_\_  
(ADDRESS TO BE USED IN CASE OF DEFAULT TO CHECK)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

**SECTION 3 – FINANCIAL INSTITUTION – TO BE COMPLETED BY FINANCIAL INSTITUTION**

(NOT REQUIRED IF FOR CHECKING ACCOUNT **ONLY** AND A COPY OF **VOIDED** CHECK IS ATTACHED – **DO NOT** ATTACH DEPOSIT SLIP)

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

ROUTING TRANSIT NUMBER: |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|    ACCOUNT TYPE:    SAVINGS

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_    CHECKING

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

REPRESENTATIVE NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

REPRESENTATIVE TITLE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    DATE: \_\_\_\_\_

**SECTION 4 – VENDOR AUTHORIZATION FOR ADD, CHANGE, OR CANCELLATION**

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.

AUTHORIZED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Upload completed form to [lowagrants.gov](http://lowagrants.gov) under “Electronic Documents” prior the first draw**