

Vendor Direct Deposit Authorization Form



Department of
Administrative Services

SECTION 1 – TRANSACTION TYPE

ARE YOU ADDING, CHANGING OR CANCELING THIS AGREEMENT?	ADD	CHANGE	CANCEL
<p>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.</p> <p>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.</p> <p>3) It is your responsibility to notify the State of Iowa any time an account is closed.</p> <p>4) An add or change in EFT status will be effective ten business days after entry into the State's accounting system.</p> <p>5) A cancelation will become effective immediately after entry into the State's accounting system.</p>			

SECTION 2 – BUSINESS / INDIVIDUAL IDENTIFICATION INFORMATION

BUSINESS / INDIVIDUAL LEGAL NAME _____ <small>Name Tax ID is Assigned To and Used for Tax Reporting</small>	
BUSINESS NAME _____ <small>DBA (Doing Business As) If Different than Legal Name</small>	
SSN _____ <small>Social Security Number</small>	OR FEIN _____ <small>Federal Employee ID Number</small>
MAILING ADDRESS _____ <small>Address to be used in case of Default to Check</small>	
CITY _____	STATE _____ ZIP _____ <small>Zip+4</small>

SECTION 3 – BANKING INFORMATION

Section 3 <u>requires</u> one of two items:		1) Mail a voided check with this completed form, OR
		2) Financial Institution Representative box below is completed and signed by the financial institution
FINANCIAL INSTITUTION NAME _____		
FINANCIAL INSTITUTION ADDRESS _____		
CITY _____	STATE _____	ZIP _____ <small>Zip+4</small>
NAME ON ACCOUNT _____		ACCOUNT TYPE:
ROUTING TRANSIT NUMBER _____		SAVINGS
CUSTOMER ACCOUNT NUMBER _____		CHECKING
<u>REQUIRED</u> IF REQUESTING A CHANGE:		
OLD Routing Number: _____		OLD Account Number: _____
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: _____

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 _____		

Mail or Fax Completed Form to: Department of Administrative Services - State Accounting Enterprise
Attn: EFT Administrator
Hoover State Office Building, 3rd FL
1305 E Walnut St
Des Moines, Iowa 50319

Fax Number
(515) 281-5255

Phone Number
(515) 490-9341

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