

Department of Administrative Services - State Accounting Enterprise

Section PRE-AUDIT	Procedure Number 270.401	Page Number 1 of 2	Effective Date July 1, 2003 Revised 1/21/10
Subject PROCESSING <div style="text-align: center;">ELECTRONIC FUND TRANSFERS (DIRECT DEPOSIT) OF STATE PAYMENTS</div>			

1. The State of Iowa began the direct depositing of certain assistance payments in late 1977. The option for state employees to have their paycheck direct deposited was added in early 1978. Through the years, the direct deposit option for numerous high volume, recurring payments has been offered. The option for the direct deposit of state employee travel reimbursement was added in 1993. In 1994, the option for the direct deposit of payments from the State of Iowa was made available to any vendor of the State.
2. In order for an employee to have travel reimbursements direct deposited, the employee must have their paycheck direct deposited. The travel reimbursement will be deposited into the same account as the employee's paycheck.
3. Vendors requesting payments be direct deposited must complete a form requesting direct deposit and indicating the bank account numbers to be used for the deposit. Payments are deposited into the financial institution of the claimant's choice three working days from the issue date of the direct deposit. Below is a link to the form to be completed in order for vendors to have payments direct deposited.

[EFT Authorization Form](#)



Direct Deposit Authorization Form
Iowa Department of Administrative Services
Service • Efficiency • Value

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 payer and only last-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 verification for any change in banking designation or to cancel this authorization and remit to a state account.
3) It is your responsibility to notify the State of Iowa any time an account is closed.
4) An add or change to EFT status will be effective ten business days after entry into the State accounting system.
5) A cancellation will become effective immediately after entry into the State accounting system.

SECTION 2 – BUSINESS / INDIVIDUAL IDENTIFICATION INFORMATION

Business/Individual Legal Name: _____
(Please print or type legibly)

Business Name: _____
(For Sole Proprietorship or Partnership Legal Name)

SSN: _____ EIN: _____
(Social Security Number) (Federal Employer Identification Number)

Mailing Address: _____
(Address to which all bills of lading are sent)

City: _____ State: _____ Zip: _____

SECTION 3 – BANKING INFORMATION

1) A model check or copy of an account 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: ☐ Savings ☐ Checking

Routing Transit Number: _____
Customer Account Number: _____

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: _____ Phone Number: _____
Date: _____

SECTION 4 – REQUIRED 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 credit entries to this account for any erroneous amounts to the amount of the entry 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
Hoover State Office Building, 3rd FL
Des Moines, Iowa 50319 Phone Number: (515) 281-0246
Fax Number: (515) 281-0252
Updated 07/2010

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4. After a vendor has been set up on I/3 for direct deposit, the I/3 system will automatically default to EFT (direct deposit). (If a department wishes a payment to be paid by a warrant, it is the department's responsibility to flag I/3 to execute a warrant. To execute a warrant the department must go into disbursement options and set the disbursement format to reg. on each individual payment that is made. The same process is used for state employee travel reimbursements.)
5. Vendors and travelers will receive an EFT Remittance Advice. Below is a sample EFT advice and explanation of the different data fields included. The letters below correspond to the letters on the EFT Remittance Advice.
 - a. Account codes to which the expense has been charged.
 - b. Issue date of the direct deposit.
 - c. Direct Deposit number (number to use when looking up on OUTS).
 - d. For internal use. A number may not always appear here.
 - e. Name and Address of the claimant (up to 24 alpha and/or numeric characters per line).
 - f. First 3 description lines from the detail lines of the document.
 - g. The total amount of the warrant.
 - h. Information indicating when the deposit will be made in the claimant's account.

0812-99-655-	-1012-2804 a	DATE: 02-19-99 b	NO: 12269310 cd 3
*** NOT NEGOTIABLE ***			
NAME AND ADDRESS e	COMMENTS f	AMOUNT g	
ADAIR, CITY OF ADAIR IA 50002	655T0200030 STREET CONSTRUCTION	1 \$****5,902.02	
h PER YOUR AUTHORIZATION, THE STATE OF IOWA DEPOSITED THIS PAYMENT TO THE FINANCIAL INSTITUTION OF YOUR CHOICE. DEPOSIT DATE IS THREE WORKING DAYS FROM THE DATE ABOVE.			

6. Questions related to the direct depositing of payments from the State should be addressed to DAS-SAE at (515) 490-9341.