

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES

SECTION A: FUND ACCOUNT INFORMATION	
Vendor Name (Name of Corporation, Partnership, Entity or Trust):	_____
Vendor Identification Number (Federal ID Number):	_____

SECTION B: DIRECT DEPOSIT INFORMATION	
Financial Institution Name:	<u>WELLS FARGO BANK, N.A.</u>
Local Depository Address:	<u>DES MOINES, IA</u>
ABA/Routing Number:	<u>073000228</u>
Depository Account Number:	<u>6385829038</u>
Account Type:	Checking Savings
Effective Date:	_____

SECTION C: AUTHORIZATION		
<p>I hereby authorize the State of Iowa to initiate a deposit entry and to initiate if necessary any adjustments or debit entries for any deposit made in error to the Account Code specified above. I understand that the State of Iowa can only deposit funds into one account in one financial institution, therefore all payments made by the State of Iowa will be deposited into the account named here.</p>		
Authorized By:		
_____	_____	_____
Signature	Print Name	Date
_____	_____	
Title	Phone Number	

Completed forms may be submitted to ISJIT via fax, email or regular U.S. mail.
 Fax to 866-548-8633, Attn: ISJIT Scan and Email to: isjit@pmanetwork.com
 Mail to: ISJIT Administration, PMA Financial Network, Inc., 2135 CityGate Lane 7th FL, Naperville IL 60563