

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: **Bankers Trust Company, N.A.**

Local Depository Address: **453 7th Street, PO Box 897, Des Moines, IA 50304**

ABA/Routing Number: **073000642**

Depository Account Number: **033030**

Account Type: **Checking** Savings

Effective Date: _____

SECTION C: AUTHORIZATION

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.

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