

Iowa Finance Authority
Automated Clearinghouse (ACH) Transfer Authorization

Name (exactly as it appears on tax documents)

First Name			
Middle Name			
Last Name			
Business Name (if applicable)			
Address		Email Address	
City		State	Zip

Social Security Number or Federal ID#	
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It is understood that the grant award will be made only upon receipt of the necessary project certification form and corresponding invoices.

I (we) hereby authorize the Iowa Finance Authority (IFA) to initiate a deposit to my (our) bank account. I understand that the amount deposited will only be from the bank account established for ACH transfer. The amount of the deposit will be the total actual eligible costs of the onsite wastewater system or the grant award, whichever is less. **There is no charge for an ACH transfer.**

Bank Name			
City		State	Zip
Bank Account Number			
Local Bank Routing Number (ABA#)			
Account Name			
Bank Tax ID#			

Checking Savings (check one)

Authorization

Signature		Date	
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This authorization is to remain in full force and effect until Iowa Finance Authority has received written notice of its termination or modification.

Please return this form to:
Iowa Finance Authority
Attention: Jane Larson
1963 Bell Ave, Suite 200 Des Moines, IA 50315