

Iowa Department of Administrative Services

State Accounting Enterprise
Centralized Payroll

AGREEMENT FOR DIRECT DEPOSITS

Name (Print) Social Security No.

- To STOP: I hereby terminate my authorization for direct deposits. This will be effective upon receipt of this authorization by the Iowa Department of Administrative Services.
To START: Your direct deposit will be effective the first full pay period after receipt of this authorization by the Iowa Department of Administrative Services. Attach a VOIDED check.
To CHANGE: Your direct deposit will be effective upon receipt of this authorization by the Iowa Department of Administrative Services. Attach a VOIDED check.

To START or CHANGE: I hereby authorize the State of Iowa to deposit my regular bi-weekly salary directly to the financial institution identified below and I additionally authorize the financial institution to credit the deposits to my account.

- Bank (checking) Bank (savings) Credit Union (checking) Credit Union (savings)

Financial Institution Address

City State Zip

Bank Routing No. Account No.

Dept. Name Signature Date

HRA: P1 No. Pay Period Effective Date

SEE DISCLAIMER ON REVERSE SIDE OF THIS FORM

CENTRALIZED PAYROLL

Form DD2020TEMP

I authorize the Department of Administrative Services to initiate a deposit entry and to initiate, if necessary, any adjusting or debit entry for any deposit entry in error to my checking/savings account.

The State of Iowa is NOT responsible for erroneously reported bank routing numbers/account numbers or for the completion of this agreement in the event your financial institution is not participating in the Direct Deposit program through the Federal Reserve System.

INSTRUCTIONS

To STOP

- 1) Enter your name and social security number.
2) Check the box for a STOP.
3) Enter your employing department, date, and sign.

To START or CHANGE

- 1) Enter your name and social security number.
2) Check the box for a START or CHANGE.
3) Check the box for type of account.
4) Enter name and address of your financial institution.
5) Enter bank routing number and account number. The bank routing/account number is generally located at the bottom of the check. For a savings account, contact the office of your financial institution.
6) Enter your employing department, date, and sign.

In support of Governor Reynold's COVID-19 emergency declaration, employees may temporarily use this direct deposit form if a change is needed to their bank account. Important! This form is only to be used for the duration of the emergency declaration.

In order for this form to be processed, HRAs must:

- 1. Provide this form to employee when change is requested. This form will not be available on line.
2. Employee will complete the form, attach a voided check (or a copy) if possible, and return documents to their HRA.
3. Employee has the option of mailing or electronically returning the form. If returning electronically, it is the HRA and the employee's responsibility to ensure the form is being sent by SecureMail to protect their information.*
4. After the form is received from the employee, HRA shall enter the P1#249 and then send to Centralized Payroll for approval.
5. NOTE: Employees may be required to submit an original signature at a later date.**

*SecureMail: When sending email to an address that DOES NOT contain ".....@iowa.gov", SecureMail shall be used. For more information on sending SecureMail, please see the following link: http://gsecuremailhelp.iowa.gov

**When submitting electronically, the employee agrees their electronic signature is the legal equivalent of their handwritten signature on this agreement. The employee is also confirming they are the employee authorized to enter into this agreement.