

**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**

Authorized Representative		Title	
Signature		Date	

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:**  
[waterinfrastructure@iowafinance.com](mailto:waterinfrastructure@iowafinance.com)

**or**

Iowa Finance Authority  
Attention: Jane Larson  
1963 Bell Ave, Suite 200, Des Moines, IA 50315