

For participation in the State of Iowa Setoff Program, you must complete this enrollment form and sign a Memorandum of Understanding. Check the appropriate box(es) for the participation type you are enrolling in:

Debt Source Agency

Credit Vendor

Section 1 - Agency Information

Agency Name: _____
Federal Employer Identification Number (FEIN): _____
Headquarters Address: _____
City: _____ State: _____ ZIP: _____
Primary Contact Last Name: _____ First Name: _____
Primary Contact Phone: _____ Ext: _____
Primary Contact Email: _____
Phone Number for Obligors to Contact: _____ Ext: _____
Is this funding deposited into the State of Iowa's General Fund? Yes No
Accounting String for Disbursement (Required for State Agencies using I/3):

Section 2 - Banking Information

Financial Institution Name: _____
Financial Institution Address: _____
City: _____ State: _____ ZIP: _____
Name on Account: _____
Routing Transit Number: _____
Customer Account Number: _____
Account Type: Savings Checking

Section 2 requires one of three items:

1. A voided check or copy of enrollment confirmation if a prepaid card, or
2. The financial institution must complete the representative section, or
3. The financial institution must supply a bank account verification letter

I have verified the account numbers above. The Financial Institution is ACH capable and will comply with NACHA rules.

Representative Name _____ Phone Number _____
Representative Title _____ Date _____
Signature _____

Section 3 - Vendor Authorization

I hereby authorize the Department of Administrative Services to deposit payments from the State of Iowa to the account designated on this form and to initiate any adjustments or debit entries to this account for any erroneous deposits in the amount of the error only. I also understand that the State of Iowa can only deposit funds into one financial institution and account.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this form, and, to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the organization, and will only act within my authority.

Authorized Name _____ Title _____

Phone Number _____ Date _____

Signature _____

Instructions for Setoff Enrollment Form:

This form can be submitted via secure email at idr-setoffs@iowa.gov or:

Fax: 515-725-0264 or **Mail:** ATTN: Setoffs
Iowa Department of Revenue
PO Box 3065013
Des Moines IA 50306-0470

Questions or Assistance:

Additional information can be found:

- On the Department website (tax.iowa.gov)
- By emailing the Department (idr-setoffs@iowa.gov)
- By calling the Central Collections Unit at 515-281-3114

Accounting String for Disbursement: The accounting number directing disbursement of funds

Agency: The legal name of the agency

Credit Vendor: An agency or entity who submits funds to the Setoff Program

Debt Source Agency: A Public Agency or the Iowa Judicial Branch, that has entered into an agreement with the Iowa Department of Revenue to submit debts to the State Setoff Program

FEIN: Enter the Federal Employer Identification Number for which enrollment is requested

Obligor: A person, not including a public agency, who has been determined to owe a qualifying debt

Primary Contact: The primary individual responsible for coordination with the Iowa Department of Revenue