



, 2024

First Last Name

Street Address

City, State ZIP

Dear Foster/Adoptive Parent:

The Bureau of Purchasing, Payments and Receipts received your request for direct deposit of your foster or adoptive payments. However, this request cannot be processed due to an error in the completion of the form, so it is being returned to you for correction. The error is indicated below:

- ☐ More than one person was identified on the form to receive the direct deposit. Please clearly indicate which licensee is to receive the direct deposit. Please complete Section 2 of the form to show the legal Name, Social Security No. and Address of the **licensee** to receive the direct deposit.
- ☐ The form is missing a licensee signature and date in Section 4. Please have **both** licensees sign and date the form.
- ☐ A social security number for a licensee who is identified on the form does not match with our system. Please send a copy of the Social Security card for verification.
- ☐ Section 3 of this form requires a voided check or a **signature from a representative of your bank**. Please provide a voided check or a signature from the bank.

Please make the needed correction and return the form to:

EFT Clerk
Bureau of Purchasing, Payments and Receipts
Department of Health and Human Services
1305 E. Walnut
Des Moines, IA 50319

If you have questions, please contact your HHS licensing worker.

Thank you.