



**Iowa Department of Public Health**  
Protecting and Improving the Health of Iowans

Gerd W. Clabaugh, MPA  
Director

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

ACH Company ID 1426004523

On behalf of \_\_\_\_\_ (name of county office), I authorize the Iowa Department of Public Health (IDPH) to electronically debit the following account for the amount of certified vital record documents issued by this office, as recorded weekly by my staff using the Iowa Vital Events System (IVES). I agree that these transactions will comply with all applicable laws and the NACHA rules for ACH transactions.

Bank name: \_\_\_\_\_

Bank R/T number: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Effective date: \_\_\_\_\_

Type of account:  checking  savings

Frequency of debits: Weekly, normally each Thursday, for the total of the previous week's issuances (Tuesday 12:00:00am through Monday 11:59:59pm). (The day of the week the debit occurs may change occasionally due to federal or state holidays.)

This authorization also allows IDPH to electronically credit the same bank account to correct any erroneous debit entries. **\*\*Note** – If you have placed an ACH debit block on your bank account, please inform your bank to allow our Company ID, listed at the top of the page, to bypass the block and debit your account.

I understand this authorization will remain in full force and effect until I notify IDPH in writing at Iowa Department of Public Health, Bureau of Health Statistics, 321 E 12<sup>th</sup> Street, Des Moines, Iowa 50319-0075 Fax# 515-281-0479 that I wish to revoke the authorization. I understand that IDPH requires at least 1 week prior notice in order to cancel the authorization.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_