

ACH Company ID 1426004523

On behalf of _____ (name of county office), I authorize the Iowa Department of Health and Human Services (Iowa HHS) 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 Iowa HHS 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 Iowa HHS in writing at Iowa Department of Health and Human Services, Bureau of Health Statistics, 321 E 12th Street, Des Moines, Iowa 50319-0075 Fax# 515-281-0479 that I wish to revoke the authorization. I understand that Iowa HHS requires at least 1 week prior notice in order to cancel the authorization.

Name: _____

Title: _____

Signature: _____

Date: _____