



Employer Information:

UI Account #: FEIN: Tax Type:
Legal Business Name:
DBA:
Address Line 1:
Address Line 2:
City: State/Province: Zip+4/Postal Code:

Contact Information:

Contact Person (please print): Title: Phone: Fax:
Please identify:
Employer Contact
Tax Service Contact

If a tax service will be making your payments, complete the following information:

Tax Service Name:
Address 1:
Address 2:
City: State/Province: Zip+4/Postal Code:
Phone: Fax:
Email:

You authorize Iowa Workforce Development to process user initiated variable ACH credit payments to the Iowa UI account # listed above.

Authorized Signature Date
Print Name Here Title Phone

Return signed form to: EFT Coordinator
Unemployment Insurance Tax Bureau
Iowa Workforce Development
1000 E Grand Ave
Des Moines IA 50319-0209

You will be contacted with additional information after your application has been processed.

\*\*This application needs to be resubmitted if you have a name and/or UI Account number change\*\*