

**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: \_\_\_\_\_  
Email: \_\_\_\_\_ 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.

*Print and sign completed form*

_____	_____
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\*\***