



Iowa Public Agency Investment Trust Change of Bank Account Information

I hereby certify that I am authorized by the Corporation, Partnership, Entity or Trust listed below, and am empowered to change bank account information for the IPAIT Account(s) as stated.

Name of Public Agency **Phone**

IPAIT Account Name(s) _____

Name and Address of Local Depository for Funds Transfer _____

Local Depository Account Number _____

Checking Savings
(For your protection, each IPAIT Account may access only one depository account.)

Local Depository ABA Routing Number: _____
(This can be obtained from the bottom of a blank check or by calling your depository.)

I authorize IPAIT to change bank account information as stated above. (Two signatures required.)

By: _____
Authorized Signature

By: _____
Authorized Signature

Printed Name

Printed Name

Official Title

Official Title

Date

Date

Mail this completed form to:
Iowa Public Agency Investment Trust
IPAIT Administrator
1415 28th Street, Suite 200
West Des Moines, IA 50266-1461

If you have questions, call an IPAIT
Administrator at 800-872-4024.