



IOWA PUBLIC AGENCY INVESTMENT TRUST SUPPLEMENTAL B APPLICATION FORM

Complete the following information for each additional IPAIT account to be opened.

Name of Public Agency _____

Name to appear on IPAIT Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per IPAIT account)

Depository's ABA Routing Number _____
(This number can be obtained from bottom of blank check or by calling depository)

Name to appear on IPAIT Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per IPAIT account)

Depository's ABA Routing Number _____
(This number can be obtained from bottom of blank check or by calling depository)

Name to appear on IPAIT Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per IPAIT account)

Depository's ABA Routing Number _____
(This number can be obtained from bottom of blank check or by calling depository)

Signature of
Authorized Official _____

Signature of
Authorized Official _____

***Two signatures required**

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.**