

Setoff Enrollment Application Form

revenue.iowa.gov

For participation in the State of Iowa Setoff Progr Memorandum of Understanding. Check the appropri				
Debt Source Agency: □	` ,	, , ,		
Credit Vendor: □				
Section 1 - Agency Information				
Agency name:				
Federal Employer Identification Number (FEIN):				
Headquarters address:				
City:				
Primary contact last name:				
Primary contact phone:				
Primary contact email:				
Phone for obligors to contact:		Ext:		
Is this funding deposited into the State of Iowa's Ge	neral Fund?	Yes □ No □		
Accounting String for Disbursement (Required for S	tate Agencies usin	ng I/3):		
Section 2 - Banking Authorization				
Financial institution name:				
Financial institution address:				
City:	State:	ZIP:		
Name on account:				
Routing transit number:				
Customer account number:				
Account type:		Savings □ Checking □		
Section 2 requires one of three things: 1. A voided check or copy of enrollment confirmation if a prepaid card, or 2. The financial institution must complete the representative section, or 3. The financial institution must supply a bank account verification letter				
I have verified the account numbers above. The RNACHA rules.	Financial Institution	n is ACH-capable and will comply with		
Representative name:		Phone:		
Representative title:				
Signature:				

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Section 3 - Agency Authorization

Instructions for Setoff Enrollment Form:

Submit this form by:

Email: secure email to idr-setoffs@iowa.gov

Fax: 515-725-0264 OR

Mail to: ATTN Setoffs

Iowa Department of Revenue

PO Box 3065013

Des Moines IA 50306-5013

Questions or Assistance:

- Department website (revenue.iowa.gov)
- Email the Department (idr-setoffs@iowa.gov)
- Call Taxpayer Services at 515-281-3114 or 800-367-3388

Definitions

Accounting String for Disbursement: The accounting number directing disbursement of funds

Agency Name: The legal name of the agency

Credit Vendor: An agency or entity who submits funds to the Setoff Program

Debt Source Agency: A Public Agency or the Iowa Judicial Branch, that has entered into an agreement with the Iowa Department of

Revenue to submit debts to the State Setoff Program

FEIN: Federal Employer Identification Number for which enrollment is requested

Obligor: A person, not including a public agency, who has been determined to owe a qualifying debt **Primary Contact:** The primary individual responsible for coordination with the lowa Department of Revenue



Setoff Enrollment Qualifying Debt Questionnaire

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Agency Name:			
Please provide the Department of Revenue with detailed information regarding the qualifying debt your agency intends to submit for setoff. If needed, you may attach additional pages to this questionnaire.			
1.	Type(s) of qualifying debt (court debt, child support, etc.):		
2	Describe the precess by which the debt become a qualifying debt. See 2020 Jawa Acta HE 2565 Jawa Code		
2.	Describe the process by which the debt became a qualifying debt. See 2020 lowa Acts, HF 2565, lowa Code section 421.65(1)(d) for the definition of qualifying debt.		
3.	Describe the length of time the debtor is able to appeal the debt as well as the process by which they would do so, including any hearing process.		
4.	If the debtor is unsuccessful in the appeal process described in question (3), do they have any further		
	recourse? If yes, please explain. Yes □ No □		

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5.	Please list the statutes, administrative rules, municipal code, or ordinances relevant to the collection and appeal of this debt. Please also list any relevant case law or other legal authority.
6.	If there are any records or documents that you would like the Department to consider, describe them below and provide copies of them with the enrollment submission. These may include a sample order, disposition notice, or similar documents.

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Additional Information: