



Change of Bank Account Information

I hereby certify that I am authorized by the Educational Institution listed below, and am empowered to change bank account information for the IPASeducation Account(s) as stated.

Name of Educational Institution

Phone

IPASeducation Account Name(s) _____

Name and Address of Local Depository for Funds Transfer _____

Local Depository Account Number _____

Checking

Savings

(For your protection, each IPASeducation 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 IPASeducation 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:
IPASeducation Administrator
1415 28th Street, Suite 200
West Des Moines, IA 50266-1461**

If you have questions, call an IPASeducation Administrator at 866-720-2995.