



ACH TRANSFER INFORMATION FORM

In order to expedite the funding procedure the following information must be completed

RECIPIENT INFORMATION

Recipient Name: _____

Grant Number: _____

Address: _____

Authorized to Submit
Reimbursement Request

Type or Print Name: _____

Signature: _____

Phone: _____

Alternate Authorized to Submit
Reimbursement Request

Type or Print Name: _____

Signature: _____

Phone: _____

BANK INFORMATION

NAME OF BANK: _____

ADDRESS: _____

PHONE NUMBER: _____

BANK CONTACT PERSON: _____

ACCOUNT NUMBER: _____

BANK ABA NUMBER: _____

NAME OF BANK ACCOUNT: _____

SPECIAL INSTRUCTIONS (To be completed by Authorized Bank Employee)

I attest that all the above ACH Transfer information is correct.

Signature of Bank Representative

Title

Date