

OMB Approved No. 1505-0264  
Expiration Date: 10/31/2020

## Recipient Payment Information Form

**April 17, 2020**

To receive payment as soon as possible, recipients should submit completed payment materials not later than 11:59 p.m. EDT on April 17, 2020 to <https://forms.treasury.gov/caresact/stateandlocal>. Payment forms received after April 17, 2020 may not be considered.

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### Payment Information form

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Recipient Name	
Recipient's Taxpayer ID Number	
Recipient's DUNS Number	
Recipient's Address	
Name of Authorized Representative for the Government Entity	
Title of Authorized Representative for the Government Entity	
Contact Person Name	
Contact Person Title	
Contact Person Phone	
Contact Person E-mail	

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**Recipient TYPE**

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Type of Recipient (choose one):

	State/Territory		Local Government		Tribe
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**FINANCIAL INSTITUTION INFORMATION**

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Routing Transit Number (WIRE)	
Routing Transit Number (ACH)	
Recipient's Account Number	
Financial Institution Name	
Financial Institution Address	
Financial Institution Telephone Number	

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**ADDITIONAL INFORMATION**

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Eligible local governments MUST also complete and submit the Certification form to receive direct payment from Treasury pursuant to sections 601(b)(2) and 601(e) of the Social Security Act, as added by section 5001 of the CARES Act.

**PAPERWORK REDUCTION ACT NOTICE**

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is two hours per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.