Financial Institution Address

Local Assistance and Tribal Consistency Fund Recipient Payment Information Form

PAYMENT INFORMATION		
Recipient Name		
Recipient's Taxpayer ID Number		
Recipient's Unique Entity Identifier (UEI)		
Recipient's Address		
Street		
City		
State		
Postal Code		
Name of Authorized Representative for the Rec	•	
Title of Authorized Representative for the Recipient		
Authorized Representative Email		
* The Authorized Representative is the individu		
the Chief Executive Officer of the Recipient. The		
certifications and assurances on behalf of the R	ecipieni.	
Contact Person Name		
Contact Person Title		
Contact Person Phone		
Contact Person E-mail		
RECIPIENT TYPE		
Type of Recipient (choose one):		
Eligible Revenue Sharing County (including the District of	Eligible Tribal Government	
Columbia, the Commonwealth of		
Puerto Rico, Guam, and the United		
States Virgin Islands)		
	TION INFORMATION	
FINANCIAL INSTITU	TION INFORMATION	
Routing Transit Number (WIRE) (Optional)		
Routing Transit Number (ACH)		
Recipient's Account Number		
Financial Institution Name		
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OMB Approved No.

Expiration Date:

Street	
City	
State	
Postal Code	
Financial Institution Telephone Number	

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 one hour 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.