

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
Hermit's Peak/Calf Canyon Fire Assistance Act

OMB Control No. 1600-0155  
Expiration Date: XX/XX/XXXX

**BANKING INFORMATION FORM**

| CLAIMANT CONTACT INFORMATION  |   |
|---|---|
| Name:   |   |
| Street:   |   |
| City, State, Zip:   |   |
| Phone Number:   | E-mail Address:   |
| Claim Number:   | Date:   |
| CLAIMANT BANKING INFORMATION  |   |
| Electronic Funds Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No | Paper Check: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bank/Financial Institution Name:  |   |
| Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings    | DRAFT   |
| Routing Number (9 digits):  |   |
| Send Check to (Address):  |   |
| Claimant Signature:   |   |