

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:	