**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 Recipient*	
Title of Authorized Representative for the Recipient	
Authorized Representative Email	
* The Authorized Representative is the individual with legal authority to bind the Recipient or the Chief Executive Officer of the Recipient. The Authorized Representative will also complete certifications and assurances on behalf of the Recipient.	
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 Columbia, the Commonwealth of Puerto Rico, Guam, and the United States Virgin Islands)		Eligible Tribal Government		Eligible Revenue Sharing Consolidated Government

FINANCIAL INSTITUTION INFORMATION

Routing Transit Number (WIRE) *(Optional)*	
Routing Transit Number (ACH)	
Recipient's Account Number	

OMB Approved No. 1505-0276
Expiration Date: March 31, 2023

Financial Institution Name	
Financial Institution Address	
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.