

DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
 Hermit's Peak/Calf Canyon Claims Office

OMB Control No. 1600-0159
 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
(This statement affirms that the undersigned individual is the intended recipient and payee for the forthcoming check)

Payment Option: <input type="checkbox"/> Single Payee <input type="checkbox"/> Multiple Payee <input type="checkbox"/> Joint Account	
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	
Routing Number (9 digits):	Account Number:
Send Check to (Address):	

****Note: All claimants that have signed the POL are required to input their social security number below.****

Claimant Social Security Number:	Date:
Claimant Social Security Number:	Date:
Claimant Social Security Number:	Date:
Claimant Social Security Number:	Date: