

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)*

Bank/Financial Institution Name:	
Name of Bank Account Owner:	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number (9 digits):	Account Number:
<b>*Note: All claimants who have signed the POL are required to input their social security number below.**</b>	
Claimant Social Security Number:	Claimant Name:
Claimant Social Security Number:	Claimant Name:
Claimant Social Security Number:	Claimant Name:
Claimant Social Security Number:	Claimant Name: