

**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 | |
| <i>* 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.</i> | |
| 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.