ASAP Bank Information Form

Effective Date:		
REQUESTED ACTION: [] NEW ORGANIZATION [] CH	ANGE * [] ADD ADDIT	TIONAL ACCOUNT [] DELETE*
Section I - Payment Requestor Organization Information		
Payment Requestor Organization Name:		
Address:		
City, State and Zip:		
Primary Contact Name:		
Section II - Bank Account Information		
Bank Name:		
Bank Mailing Address:		
City, State, Zip:		
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ASAP allows a maximum of four accounts; please select which number is to be assigned to this account: [] ONE [] TWO [] THREE [] FOUR *NOTE: If this is a change or delete to an existing account, select the number currently assigned to that account. If your ACH & Fedwire ABA Numbers are different, a separate bank form must be submitted for each.		
The ABA and ACCOUNT NUMBER <u>MUST</u> be accurate. If there are discrepancies with this key information, a new ASAP Bank Information Form will be required. This could delay your ASAP implementation.		
ACH Information		
ABA Number:	Account Title:	
Account Number (17-character maximum):		
Account Type: [] Demand (Checking) [] Savings		
Bank Representative's Name:		
Bank Representative's Phone Number:	Bank Representative's	Fax Number:
Fedwire Information		
ABA Number:	Account Title:	
Account Number (17-character maximum):		
For Further Credit ABA:		
Bank Representative's Name:		
Bank Representative's Phone Number:		Fax Number:
Section III - Bank Official		
Bank Official's Name Bank O	fficial's Title	Phone Number
Section IV - Approval by Organization's ASAP Financial Official		
Disclosure Statement: "I, hereby certify that all of the above information is true and accurate in accordance with all ASAP policies and procedures. I understand that failure to provide correct and complete information may prevent the receipt of payments."		
Signature Name		Title
Organization Name Phone N	Number	Date

Form Dated: 2/2004 Filename: BIF 2-04 RFC Use Only: ASAP ID: _____