

## ASAP Bank Information Form

Effective Date: \_\_\_\_\_

REQUESTED ACTION: ☐ NEW ORGANIZATION ☐ CHANGE \* ☐ ADD ADDITIONAL ACCOUNT ☐ DELETE\*

### Section I - Payment Requestor Organization Information

Payment Requestor Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Section II - Bank Account Information

Bank Name: \_\_\_\_\_

Bank Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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 ABANumbers are different, a separate bank form must be submitted for each.**

**The ABA and ACCOUNT NUMBER MUST 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: \_\_\_\_\_ Bank Representative's Fax Number: \_\_\_\_\_

### Section III - Bank Official

\_\_\_\_\_  
Bank Official's Name

\_\_\_\_\_  
Bank Official'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 Number

\_\_\_\_\_  
Date