

CSAFE Participant Bank Account Change Form

The bank account information must be submitted to CSAFE on the letterhead of the government entity and it must be signed by two authorized individuals of the government entity. CSAFE staff will verify the authenticity of the bank account instructions with the specified bank.

Participant Name: _____

CSAFE Account #: _____

Primary/Standard Add/Delete Repeat Code: _____ Internal Use Only

Account Name: _____ Bank Name: _____

ABA#: _____

Account #: _____

For Further Credit: _____

Alternate Add/Delete Repeat Code: _____ Internal Use Only

Account Name: _____ Bank Name : _____

ABA#: _____

Account #: _____

For Further Credit: _____

Authorized Signers

Name _____ Name _____

Signature _____ Signature _____

Date _____ Date _____

CSAFE Approval

Name _____ Date _____