

## 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: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Phone No.: \_\_\_\_\_

ABA#: \_\_\_\_\_

Account #: \_\_\_\_\_

For Further Credit: \_\_\_\_\_

Alternate      Add/Delete      Repeat Code: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Phone No.: \_\_\_\_\_

ABA#: \_\_\_\_\_

Account #: \_\_\_\_\_

For Further Credit: \_\_\_\_\_

### Authorized Signers

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### CSAFE Approval

Name \_\_\_\_\_ Date \_\_\_\_\_