



ARIZONA STATE TREASURER'S OFFICE DISTRIBUTION RECIPIENT BANKING INFORMATION FORM

Please check one: New Change

Distribution affected by change (list all): _____

Recipient Name: _____

Recipient Address: _____

Department of Education Identification Number (CTD) Charter Schools only: _____

Financial Contact Person: _____ Telephone No.: _____

E-mail Address: _____ Fax No.: _____

Alternate Contact Person: _____ Telephone No.: _____

E-mail Address: _____ Fax No.: _____

Bank Name: _____ Branch Contact Person: _____

Bank Branch Address: _____ Telephone No.: _____

Name on Bank Account: _____ Bank Acct. No.: _____

ABA ACH Routing No.: _____ ABA Wire Routing No.: _____

Individual Authorized to Submit Changes to Banking Data:

Signature Name Date

TREASURER'S OFFICE USE ONLY

Recipient ID: _____ Contact Key: _____

Change Verified With: _____ Phone #: _____

Date Verified: _____ Verified By: _____

Bank Code: _____ Account Key: _____ (old Acct. Key: _____)

Changed in Treasurer's System By: _____ Date: _____ Time: _____

Witnessed By: _____

If you have any questions please contact Susan Secheslingloff at (602) 542-7817

Please mail the original to our office at: Arizona State Treasurer's Office
1700 W. Washington, Ste. 100
Phoenix, AZ 85007
Attn: Susan Secheslingloff

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This will affect only the distribution information used by the Arizona State Treasurer's Office.