



DISTRIBUTION RECIPIENT BANKING INFORMATION FORM

Office of the State Treasurer Arizona
1700 W. Washington Street, Suite 102, Phoenix, AZ 85007

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 Bank Changes:

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 Distribution group at Distributions@aztreasury.gov or (602) 542-7800.

Please send completed forms to:
Distributions@aztreasury.gov