**INSTRUCTIONS:**

Please complete the form below indicating the account information that you would like OneStar National Service Commission to use to disburse funds for Periodic Expense Reports (PERs). Complete all fields below as appropriate. Then print, sign, and submit to your OneStar Grants Officer.

*Note: Disbursement can only be made in the form of an electronic ACH transfer to your bank.*

**Legal Applicant Name****\*:**

**Program Name:**      

*\*Please note: If your organization has changed its legal name, please submit documentation with this form verifying the new legal applicant name listed above. Examples of appropriate documentation include amended Articles of Incorporation, a Certificate of Amendment or Assumed Name from the Secretary of State, or similar documentation on file with the Internal Revenue Service (IRS).*

# INFORMATION REQUIRED FOR COMMUNICATIONS:

**Mailing** **Address:** Attn:

Street & Suite:

City, State & Zip:

**Primary Contact for ACH Transfers:** Please indicate the name, position and email address of the person at your organization who should be notified when ACH transfers are initiated or if there are errors with your ACH transfer.

**Staff Name/Position:**       **Email address:**

# INFORMATION REQUIRED FOR ACH TRANSFERS:

**Bank Name:**       **Routing Number:**       (9 digits)

**Bank Address:**       (Street & Suite) **Account Number:**

      (City, State & Zip) **Account Name:**

**Account Type:**  Checking  Savings

# CERTIFICATION:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Authorized Representative |  | Print Name |
|  |  |  |
| Position/Title |  | Date |