



***Request Type (please check below)**

 **Original Form** **Updated Form**

***Address (continued):**

***Contact E-mail:**

Fax #:

All submissions must include this form, filled out in its entirety, AND a voided check or a bank letter in order to be processed. Estimated turnaround time for completed submissions is 45 calendar days. Please submit via email to: EFTForms@ccpcares.org.

Bank Address:

City / State / Zip Code: Click or tap here to enter text.

[illegible]

****Authorized Signature**

****Printed Name**

****Title**

**Date

Verified by:**Verified Date:**

Approved by:

Approved Date: