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WESTERN DISTRICT OF
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REQUEST FOR ACH DISBURSEMENT

Thank you for your interest in having your monthly disbursement deposited directly into your bank account via ACH. Please use a personal check and not a deposit slip when locating your banking information.

Please complete this form mail it back to me as soon as possible.

Account Number: _____

Account Name: _____

Name of Bank: _____

Bank Address: _____

Bank ABA Number: _____

By _____

Print Name

Address _____

Phone () _____ - _____

Signature

Date