

FLSAFE Participant Bank Account Change Form

The bank account information must be submitted to FLSAFE on the letterhead of the government entity and it must be signed by two authorized individuals of the government entity. FLSAFE staff will verify the authenticity of the bank account instructions with the specified bank.

Participant Name: _____

FLSAFE account # _____

Primary/Standard

Repeat Code: _____

Bank Name: _____ Bank Phone No. _____

ABA# _____

Account # _____

For Further Credit _____

Alternate

Repeat Code: _____

Bank Name: _____ Bank Phone No. _____

ABA# _____

Account # _____

For Further Credit _____

Authorized Signers

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

FLSAFE Approval

Name _____

Date _____