

# DISBURSEMENT FORM - COVID-19 MICROGRANT

## Section A

<b>Recipient/Company Information</b>	
Recipient Name* _____ _____	EIN or SSN* _____
Address* _____	Recipient Contact Phone Number* _____
Contact Name* _____	Recipient Email* _____
*Required	

**Paper Check Option #1:** Check box if you prefer to have a paper check mailed directly to the addressed listed above. If the check should be mailed to a different address, please list below.

Name & Title of Authorizing Official for Recipient  
(Please type or print legibly) \_\_\_\_\_

Signature of Authorizing Company Official for Recipient \_\_\_\_\_

Date \_\_\_\_\_

**ACH direct deposit #2:** Check box if you prefer to have the disbursement direct deposited to your bank account and fill out all the bank information in Section B, below. Failure to write legibly or accurately will default back to a paper check option.

I (we) hereby authorize the Life Asset to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the Life Asset to direct the financial institution to return said funds.

Name & Title of Authorizing Official for Recipient  
(Please type or print legibly) \_\_\_\_\_

Signature of Authorizing Company Official for Recipient \_\_\_\_\_

Date \_\_\_\_\_

## Section B

*Payments should be made to the depository account named below*

<b>Bank/Financial Institution Information</b>																																									
Bank/Financial Institution Name _____	Account Name/title: _____																																								
Branch Address _____ _____	Phone Number _____																																								
9-digit Transit Routing Number	Account Number																																								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				
<b>Type of Account</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b> </div>																																									