



Bank Amendment Form

Office of the Treasurer of Indiana

Effective Date: _____

Participant # IN-02-_____

Add

Delete

Modify

Bank Name

Name on Account

Account Number

ABA/Routing Number

Wire

ACH

Both

For Further Credit (FFC) Bank Info:

Bank Contact/ Bank Phone Number

(No contact needed if deleting bank or if account has two Authorized Signers)

The above changes have been duly approved by two current Authorized Signers*:

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Note: All completed forms should be sent to the Client Service team via the contact information listed below.

*If there is only one Authorized Signer on the account, bank contact must be provided to verify bank account.