Office of the Treasurer Application to Change Bank Account Information

Name of Local Spiritual Assembly:		
Locality Code:	_ (For example: IL9555)	
Full Name of the Local Treasurer: _		
Bahá'i ID# of the Treasurer:		
Treasurer Contact Phone#:		
New LSA Bank Account to which Di	rect Deposits to be made;	
Name of the Bank:		
Routing Number for Incoming (ACH	<i>I</i>)*:	
Bank Account Number:		
Name on the Account (Account Hold	der):	
Type of Account (Checking/Saving).	·	
Bank Contact Name:		
Bank Contact Phone:		
Bank Address:		
* Please consult with your bank as to the r	outing number it uses to receive (income	ming) transactions.
Signature lines for the Local Treasur	rer, Secretary and Chairperson.	All signatures are required.
Local Treasurer		
Name:	Signature:	Date:
Secretary		
Name:	Signature:	Date:
Chairperson		
Name:	Signature:	Date:
Please Mail or Email the form to:	Office of the Treasurer	
	1233 Central St. Evansto	on, IL 60201
	Finance@usbnc.org	

Please allow up to 2 weeks for processing from the time your application is received.