



HealthierUS School Challenge Monetary Incentive Form

YOUR SCHOOL DISTRICT's BANKING INFORMATION - PLEASE PRINT LEGIBLY

(IMPORTANT: Please provide all information requested – legibly and completely)

Date: _____

SCHOOL DISTRICT NAME: _____

EIN (Employer Identification Number): _____ DUNS Number: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP +4: _____ - _____

CONTACT NAME: _____

CONTACT PHONE: _____ CONTACT E-MAIL: _____

FINANCIAL INSTITUTION WHERE PAYMENT WILL BE ELECTRONICALLY SENT (EFT)

NOTE: The banking information below *MUST* match what is in the SAM (System for Awards Management) at <https://www.sam.gov/>

BANK NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP +4: _____ - _____

PHONE: _____

NAME on the ACCOUNT: _____

(As reflected in the SAM)

BANK 9-DIGIT ROUTING NUMBER (FOR EFT OR ACH ONLY) _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____

For FNS Personnel Use Only:

Date Received: _____

SAM Verified: _____

Vendor #: _____

FMMI Verified: _____