United States District Court
For the
Eastern District of Missouri

CCAM ACH/EFT Payee Form

Please complete and return original with check copy via US Mail to:

Clerk, USDC
Attn: Finance-ACH/EFT
111 South 10th St, Room 3.300
St. Louis, MO 63102

Please print legibly

PERSONAL INFORMATION

Legal Name on Bank Account:

Address:

City: ST: Zip Code:

Telephone Number: Email Address:

BANKING INFORMATION

Bank Name:

Bank Address:

City: ST: Zip Code:

Account Number: Checking ☐ Saving ☐

ABA / Routing Number:

Please provide a VOIDED copy of a check or deposit ticket for this account. All information provided will be kept on a secure device with limited access to select Finance staff only.

Signature: Date

For International Wire Transfers continue to page 2

SWIFT or SWIFTBIC #:

IBAN # (except Australia and Mexico):

BSB # (Australia Only):

CLABE # (Mexico Only)

IMPORTANT: Please check with your Financial Institution to see if they require an Intermediary Bank to receive wires. If yes, you need to provide information for the Intermediary Bank.

INTERMEDIARY BANKING INFORMATION (IF APPLICABLE)

Intermediary Bank Name:

Intermediary Bank Address:

Intermediary Account #:

SWIFT or SWIFTBIC #:

IBAN # (except Australia and Mexico):

BSB # (Australia Only):

CLABE # (Mexico Only):

Sort Code:

FOR COURT USE ONLY

Case Number:

CCAM Payee Name:

CCAM Payee Code:

Comments

Approval of Financial Manager/Date