

408 Washington Ave. Suite 210, West Plains, Missouri 65775 ❖ Phone 417-257-2630 ❖ MO Relay 711

Date:
Institution Name:
Bank Name:
Bank Account Routing Number:
Bank Account Checking Account Number:
Accounts Receivable Name and Email:
I hereby give South Central Workforce Investment Board permission to deposit requested funds into the above account.
Person Completing this for on behalf of the named Institution

SCWIB is an Equal Opportunity Employer/Program\*Auxiliary aids and services available upon request to individuals with disabilities.