



## Primary Contact Person Form Payment Request

*Please print or type the contact information for the person who will be responsible for requesting funds through the Payment Management System.*

Name of Institution/Organization: \_\_\_\_\_

Name of Primary Contact Person: \_\_\_\_\_

Title of Primary Contact Person: \_\_\_\_\_

Address Primary Contact Person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number of Primary Contact Person: \_\_\_\_\_

Fax Number of Primary Contact Person: \_\_\_\_\_

E-Mail of Primary Contact Person: \_\_\_\_\_

PLEASE RETURN THIS FORM ALONG WITH THE SF-1199A DIRECT DEPOSIT FORM  
VIA OVERNIGHT DELIVERY TO:

**U.S. Department of the Treasury  
1500 Pennsylvania Avenue NW, Room 2112  
Washington, DC 20220**