

Required Statement on Your Letterhead

U.S. Department of Education
Financial Management Operations
400 Maryland Ave SW
Washington, DC 20202-4328

Dear USDE/G5 Official,

This statement shall serve as certification authorizing GEMCOR, Inc., our third-party servicer, to act as the institution's elected agent for G5 cash management and draw down functions. Donald Grybas, President of GEMCOR, Inc. will be the primary individual responsible for G5 activity for the institution.

Please process the bank information as included in the attached Direct Deposit Form. This bank account information is to be used for all award documents relating to this institution and is effective immediately.

Sincerely,

The above language must be placed on your official letterhead and signed by a school official for the department to process your bank account information.

about

(TO YEE)

A NAME OF PAYEE (<i>last, first,</i>		E	
ADDRESS <i>APO/FPO</i>			
ITY	STATE	F TYPE OF PAYMENT (<i>Check</i>	
	ZIP CODE		
B PERSON(S) ENTITLED TO PAYMENT			
C CLAIM OR PAYROLL ID NUMBE		G <i>(specify)</i>	
	<i>Suffix</i>	<i>(if applicable)</i>	
		TYPE	AMOUNT
		AC	
		HOLDERS.	
NATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE		

PRINT OR TYPE REPRESENTA			



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE CHIEF FINANCIAL OFFICER

Guidelines for completing Form SF 1199A

Section 1 - To be Completed by Payee

ITEM A Name of payee	Enter the name and address of the payee's organization and also telephone number of person certifying the SF1199A
ITEM B Name of Person(s) Entitled to Payment	Enter the name of the person certifying the SFI199A.
ITEM C Claim or Payroll ID Number	Enter the following information <ul style="list-style-type: none">• Prefix: 12 digits UEI Number.• Suffix: 11 characters Grant Award Number (if no grant award number is available, CFDA can be used. e.g. P268Kfor Direct loan)
ITEM D Type of Depositor	Place an "X" in the Appropriate box.
ITEM E Depositor Account	Enter the payee's account number at the financial institution in which funds are to be deposited. Include blanks or dashes when entering the account number.
ITEM F Type of Payment	Enter "X" in the "Other" box.
ITEM G Box for Allotment of Payment Only	Leave Blank

Section 2 - To be Completed by Payee or Financial Institution

Government Agency Name	Enter: Department of Education Office of Financial Management
Government Agency Address	Enter: : 400 Maryland Avenue, SW Room 5B107 Washington, D.C. 20202

Section 3 - To be Completed by Financial Institution

Your financial institution will enter the name and address, routing number, depositor account title and complete the certification section of the form.