

Bank Account Verification Form DGM-04

Completion of this form is required to verify the bank account in which the Commonwealth will be electronically depositing funds.

Upon completion of the form, please return to the appropriate PEMA project manager.

• If the bank account is new and has not yet been registered with the Commonwealth, please visit https://www.budget.pa.gov/Services/ForVendors/Pages/Non-Procurement-Help.aspx. Additional assistance is available by calling 877-435-7363 or emailing ra-psc supplier requests@pa.gov.

Entity name:				
Entity county:				
SAP Vendor number:		SAP	Partner Number (if ap	oplicable):
Employer Identification Number:				
DUNS Number:		D	OUNS numbers can be verifi	ed at www.dnb.com.
Name of bank where account reside	s:			
Last four digits of bank account number	mber:			
SAP Bank Partner Number (if known	ı):			
Program(s)/Grant(s) for identified b	oank account:			
Entity point of contact:				
POC phone number:				
POC email address:				
Name of authorized individual:				
Title of authorized individual:				
Signature of authorized individual:				
Date signed:				•

By completing and signing this form, the applicant verifies that the information to be accurate and authorizes the Commonwealth to deposit payments in the identified account.