



RCPP Payment Destination Modification Form

Purpose: This form allows a program participant (“Assignor”) to designate that pending program payments be issued to another entity (“Assignee”).

PART A – GENERAL INFORMATION

1. PARTICIPANT (ASSIGNOR) NAME & ADDRESS *The individual/entity currently under contract.*

Name: _____

Address: _____

City/ST/Zip: _____

2. ASSIGNEE NAME & ADDRESS *The individual/entity receiving the funds.*

Name: _____

Address: _____

City/ST/Zip: _____

3. ASSIGNOR TAX ID (TIN) Either SSN [___ - ___ - ____] or EIN [___ - _____]

IMPORTANT: The IRS Form 1099-G will be issued to **THIS** ID number. The Assignor remains the taxable party of record.

4. ASSIGNEE TAX ID ((TIN) Either SSN [___ - ___ - ____] or EIN [___ - _____]

Required for NBGIF payment verification and internal processing only.

5. ASSIGNEE ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION Direct Deposit to

Account Type: Checking Savings

Bank Routing Number: _____

Financial Institution: _____

Account Number: _____

PART B – REPRESENTATION AND ACKNOWLEDGMENT

By signing below, the Assignor and Assignee agree to the following:

- **Tax Liability:** The Assignor acknowledges that they are the legal recipient of the program benefit for federal tax purposes. NBGIF will issue an **IRS Form 1099 to the Assignor**, regardless of the payment being directed to the Assignee.
- **Revocation:** This assignment may be revoked at any time via written request signed by the Assignee.



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- **Notification:** Both parties agree to promptly notify the Program Administrator of any changes to banking or contact info.

6. ASSIGNOR SIGNATURE: _____

DATE: _____

Title (if representative): _____

7. ASSIGNEE SIGNATURE: _____

DATE: _____

Title (if representative): _____

SPECIAL PROVISIONS

- **A. Scope:** Assignment is effective for all locations listed under the **Assignor's** contract unless otherwise specified.
- **B. Tax Reporting:** As noted above, the original Assignor remains the "recipient" listed on the 1099 form issued by the Foundation.
- **C. Debt Offset (Assignor):** Any payment due may first be applied against outstanding debts owed by the **Assignor** to NBGIF; the balance will then be subject to this assignment.
- **D. Debt Offset (Assignee):** The Assignee's payment is also subject to offset for any delinquent debt owed by the **Assignee** to NBGIF.
- **E. Liability:** NBGIF and its partners shall not be liable for any amount if payment is inadvertently made to the Assignor prior to the formal execution/processing of this form.
- **F. Non-Transferability:** This assignment does not extend to any successor of the Assignee, nor may the Assignee reassign this payment.

ADMINISTRATIVE USE ONLY

8. Receiving Staff: _____

9. Date Finished _____