



PERI Chapter Banking Report

District #: _____ Date: _____

Chapter #: _____ County: _____ EIN: _____

Primary Bank

Bank Name: _____ Bank Phone #: _____

Bank Address: _____

Name on the Account: _____

Checking Account #: _____ Savings Account #: _____

Bank Routing number: _____

Signer: _____ Title: _____ Member #: _____

Signer: _____ Title: _____ Member #: _____

Signer: _____ Title: _____ Member #: _____

Treasurer: _____ Date: _____

Phone #: _____ Email: _____

This form should be sent (by mail or e-mail) to your District Rep and PERI state office no later than January of each year or if any changes occur.