

**Arkansas High Cost Fund  
2024 Carrier Revenue Report Instructions**

**AHCF Direct Deposit Information Form**

All AHCF payments are issued electronically.

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Company Code: AR\_\_\_\_\_ Company Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Indicate Checking or Savings: \_\_\_\_\_

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The following signatory represents and certifies that the above account information is complete and accurate for Recipient's receipt of AHCF payments.

Company Officer Name (please print name): \_\_\_\_\_

Officer Title: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit this form to: Vantage Point Solutions., AHCF Administrator,  
2930 Montvale Dr., Ste. B, Springfield, IL 62704  
E-Mail: [ahcf@vantagepnt.com](mailto:ahcf@vantagepnt.com)*