

**Arkansas High Cost Fund
2026 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*