

**State Water Resources Control Board  
Underground Storage Tank Cleanup Fund**

**NOTIFICATION OF ASSIGNMENT OF PAYMENT FORM**

<b>A</b>	<p><b><u>CLAIM INFORMATION</u></b></p> <p>Claim No.: _____</p> <p>Claimant Name: _____</p> <p>Joint Claimant Name (if any): _____</p> <p>Claimant Phone: _____ Claimant Fax: _____</p> <p>Claimant E-mail: _____</p> <p>Site Address: _____</p>
<b>B</b>	<p><b><u>PAYMENT INFORMATION</u></b></p> <p>Reimbursement Request (RR) No.: _____ Date RR Received by Fund: _____</p>
<b>C</b>	<p><b><u>PREVIOUSLY DESIGNATED CO-PAYEE INFORMATION (if applicable)</u></b></p> <p>Claim Co-Payee Name: _____</p> <p><b>(IMPORTANT NOTE:</b> The Fund can include only the Claimant's name and one additional payee name on each reimbursement payment. Therefore, if the Claimant has previously designated a Co-Payee for the claim, the designation of a Payment Assignee on this form is solely for the purposes of receipt of payment for the above-referenced RR. The entity named as Payment Assignee in Section D below will temporarily replace any previously designated Co-Payee for the claim. The previous Claim Co-Payee, identified in this section, will be the additional payee on subsequent RR payments unless the Claimant removes the Co-Payee designation from the claim or notifies the Fund of the assignment of a subsequent RR payment.)</p>
<b>D</b>	<p><b><u>PAYMENT ASSIGNEE INFORMATION</u></b></p> <p>The Claimant(s) acknowledges assignment of the above-referenced RR payment to the Payment Assignee identified below. The assignment of the above-referenced RR payment was executed on _____ [insert date]. The claimant(s) authorizes payment of the above-referenced RR to be issued jointly to the claimant and the person/entity identified below as Payment Assignee. <b>(NOTE:</b> In order for this assignment of payment to be processed, the Payment Assignee <b>must</b> complete a Claimant Data Record (Std. 204) and file it with the Fund. The Std. 204 can be found on the Fund's web site at: <a href="http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml">http://www.waterboards.ca.gov/water_issues/programs/ustcf/forms.shtml</a>.)</p> <p>Payment Assignee Name: _____</p> <p>Payment Assignee Address: _____</p> <p>Payment Assignee Phone: _____ Payment Assignee Fax: _____</p> <p>Payment Assignee E-mail: _____</p>
<b>E</b>	<p><b><u>CHECK MAILING INFORMATION</u></b></p> <p>The Claimant(s) authorizes payment of the above-referenced RR to be mailed to the Payment Assignee at the address below. If the Payment Assignee's address is not provided below, the check will be mailed to the claim address on file with the Fund.</p> <p>Company/Entity Name: _____</p> <p>Attention: _____</p> <p>Address: _____</p>
<b>F</b>	<p><b><u>CLAIMANT AND JOINT-CLAIMANT CERTIFICATIONS</u></b></p>

I certify to the following:

1. I have personally examined and am familiar with the information submitted in this document, and the submitted information is true, accurate, and complete to the best of my knowledge and belief.
2. By completing and submitting this form, I direct the State Water Board to issue payment for the RR specified in Section B jointly to the Payment Assignee and the Claimant. I acknowledge that the Payment Assignee is the authorized second payee on this reimbursement check, and further acknowledge that this designation does not provide the Payment Assignee with any other rights or duties with respect to this Fund claim.
3. If the State Water Board determines that the Fund has made an overpayment for this claim, I understand that the Board may recover the overpayment from the Claimant as stated in the Conditions of Payment Certification and the Fund's regulations. I acknowledge and agree that receipt of the RR payment by the Payment Assignee shall not release the Claimant from its responsibility to resolve any overpayment related to the claim.
4. I acknowledge and agree that the designation of the Payment Assignee specified in this form shall not be modified, except with the written consent of the Payment Assignee and the Fund Manager.
5. I acknowledge that the instrument used by the Claimant to assign the specified RR payment has not been reviewed, approved, or endorsed by the State Water Board or any agency, department, or other subdivision of the State of California. I also acknowledge and agree that the State Water Board or its employees, or any agency, department, or other subdivision of the State of California, or its employees, shall bear no liability with respect to the aforementioned assignment.
6. I agree to abide by Fund statutes, regulations, and the Conditions of Payment Certification.

I, the undersigned, certify under penalty of perjury that these statements are true and correct.

\_\_\_\_\_  
Claimant: Print Name and Title

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Joint Claimant: Print Name and Title

\_\_\_\_\_  
Signature and Date

**PAYMENT ASSIGNEE CERTIFICATION**

I certify to the following:

1. I am authorized to represent the Payment Assignee in the matters addressed in this form.
2. I acknowledge and agree that the Payment Assignee's right to receipt of payment for the RR identified in Section B is not assignable by the Payment Assignee without the written consent of the Fund Manager.
3. I acknowledge that the instrument used by the Claimant to assign the specified RR payment has not been reviewed, approved, or endorsed by the State Water Board or any agency, department, or other subdivision of the State of California. I also acknowledge and agree that the State Water Board or its employees, or any agency, department, or other subdivision of the State of California, or its employees, shall bear no liability with respect to the aforementioned assignment.
4. I acknowledge that the amount of the payment for the RR identified in Section B may be reduced or held in abeyance in the event of a Fund overpayment that is not otherwise resolved by the Claimant.

I, the undersigned, certify under penalty of perjury that these statements are true and correct.

\_\_\_\_\_  
Payment Assignee: Print Name and Title

\_\_\_\_\_  
Signature and Date