

To receive payment all Agents, WYO Companies, and State Associations must submit a one-time only Co-Op Payment Form. Fill out this form and submit it with your reimbursement documentation.

NOTE: 1099 Payee # / Corp. ID # required for payment to be processed.

Payee Information

Please print

Make Checks Payable to: _____

Remit to Address

Address _____

City _____ State _____ Zip _____

Telephone _____

Payee Tax Information

Under what name and address do you file income tax information to the IRS?

Check here if same as above.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Payee Tax Identification

For the payee identified above, please check the appropriate designation and provide the corresponding information.

Corporation

Corporate Federal ID # _____

Sole Proprietorship

Social Security # _____

Partnership

Owners' Names and Social Security #'s

Name _____ SSN _____

Name _____ SSN _____

Agent Signature

Date

Co-Op Mailing Address:

NFIP FloodSmart
P.O. Box 4128
Oakton, VA 22124