[ LETTERHEAD ]
[ ADDRESS ]

[ DATE ]

To Whom It May Concern:

The remittance address for [ ENTITY NAME ]:

 ENTITY NAME
 ATTN: DEPARTMENT (if applicable)
 STREET ADDRESS
 ADDRESS 2 (if applicable)
 CITY, STATE, ZIP CODE

Please add the above address for [ ENTITY NAME ] as the recipient of any remittance information for all matters pertaining to the HAF Program.

Please contact [ NAME, EMAIL ADDRESS, AND PHONE NUMBER OF HAF CONTACT ] if you have any further questions.

[CONTACT’S SIGNATURE TO INCLUDE WET SIGNATURE ]
(MEMOS WITH COPIED OR DIGITIAL SIGNATURES WILL NOT BE ACCEPTED)