

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

This form is used by the Finance Branch, for the exclusive purpose of providing travel related EFT payment only. Information provided on this form will not be released to any other agency, or used for any other purpose.

PERSONAL INFORMATION

Social Security Number: ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Name _____
(First) (Middle Initial) (Last)

Unit/Organization: _____

Work Telephone: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

FINANCIAL INSTITUTION INFORMATION

Type of Account: ☒ Checking ☐ Savings

Account Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Routing Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
(Must complete all nine digits of the Routing Number)

NOTE: The routing number identifies your banking institution. It is located at the bottom of our check or deposit ticket. Some banks use Different routing numbers for EFT payments. Contact your bank prior to Completing this form if you are unsure of the correct numbers. You are required to complete a new EFT Enrollment Form with this office due to any change in your banking institution or your banking account number. I Authorize the Travel Section, Finance Branch to send travel related payments using EFT to the above banking institution.

(Authorized Signature)

(Date)

PRIVACY ACT STATEMENT

Collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the federal agency to the financial institution and/or its agent.