

EFT AUTHORIZATION FORM

NAME (Last, First, MI) : _____ SSN: _____-_____-_____

Grade/Rank: _____ Organization: _____

Mailing Address:

Phone Numbers:
 Home Phone: _____
 Work Phone: _____

Financial Institution:										
Account Number:										
Type Of Account:	(Circle One)	Savings								Checking
Routing Number (Must Be 9 Digits)										

I hereby authorize the Regional Disbursing Office-West to deposit my travel entitlements to my bank account listed above.

Signature: _____ Date: _____

PRIVACY ACT STATEMENT

THIS INFORMATION IS PROVIDED TO COMPLY WITH THE PRIVACY ACT OF 1974 (P: 93-579). ALL INFORMATION COLLECTED ON THIS FORM IS REQUIRED UNDER THE PROVISIONS OF 31 U.S. C 33Z AND CFR 210. THIS INFORMATION WILL BE USED BY THE TREASURY DEPARTMENT TO TRANSMIT PAYMENT DATA, BY ELECTRONIC MEANS, TO THE PAYEE'S FINANCIAL INSTITUTION. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY DELAY OR PREVENT THE RECEIPT OF PAYMENTS.