

EFT INFORMATION SHEET

Name: _____ SSN: _____ - _____ - _____ Grade/Rank: _____
 (Last, First, MI)

Command: _____

MAILING ADDRESS (for IRS W-2):

PHONE NUMBERS:

Work: _____
 Fax: _____
 Home: _____
 Email: _____

EFT INFORMATION

Financial Institution:								
Account Number:								
Type of Account: (check only one)	<input type="checkbox"/> Savings				<input type="checkbox"/> Checking			
Routing Number: (Must be 9 digits)								

Signature: _____ Date: _____

PRIVACY ACT STATEMENT

Authority:	5 USC 5701, 37 USC 404-427, EO 9397, 31 USC 3322, 31 CFR 208, 209 AND/OR 210
Principal Purpose(s):	Used for reviewing, approving, accounting and disbursing for official travel/pay and allowances. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement of payments. The information will be used to process payment data from the Federal Agency to the financial institution and/or its agent.
Routine Use(s):	To substantiate claims for reimbursement.
Disclosure:	Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the Electronic Funds Transfer/Direct Deposit System (EFT/DDS) programs.