EFT INFORMATION SHEET

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

Command: _____ Dept/Div/Curriculum: _____

E-MAIL ADDRESS:

_____

(Note: E-mail address will be used for Travel Voucher payment notification, and/or LES and NPA distribution.)

MAILING ADDRESS:

_____

_____

PHONE NUMBERS:

Work Phone: _____

Home Phone: _____

Financial Institution:	
Account Number:	
Type of Account: (Check one only)	☐ Savings ☐ Checking
Routing Number: **(Must be 9 digits)**	
Purpose of EFT info submission (check one).	☐ For TRAVEL CLAIMS payments only. ☐ For regular pay and allowances (DDS) payments only. ☐ For **ALL** types of payments.

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 for official travel.
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.