

## ELECTRIC FUNDS TRANSFER

All information on this form is required to establish or update direct deposit account information for your travel pay. It is the traveler's responsibility to keep the government agency informed of any address or bank account changes. To sign up for Electronic Funds Transfer (EFT), please complete all of the information below and include it with your travel voucher.

ADMINISTRATIVE DATA (print clearly)	ACCOUNT INFORMATION
NAME OF PAYEE (last,first, middle initial)	TYPE OF ACCOUNT (Select one)  <div style="display: flex; justify-content: space-around;"> <span>CHECKING</span> <span>SAVINGS</span> </div>
ADDRESS (street, route, PO Box, APO/FPO)	ENTER YOUR ACCOUNT NUMBER
CITY                      STATE              ZIP CODE	NINE (9) DIGIT BANK ROUTING NUMBER
SOCIAL SECURITY NUMBER	NAME OF BANK/CREDIT UNION
PHONE NUMBER (DAYTIME)	
Area code (        )	
E-MAIL	

In signing this form, I authorize my payment to be sent to the financial institution named above. I also authorize my payments to be deposited in the designated account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIVACY ACT STATEMENT:** Authority: All information on this form is required under USC 3322, 31 CRF 209 and/or 210.

**PRINCIPAL PURPOSE(S):** This information is confidential and is needed to prove entitlement to payments.

**ROUTINE USE:** This information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

**EXAMPLE OF A CHECK (DO NOT USE THE INFORMATION ON A DEPOSIT SLIP)**

*EXAMPLE ONLY*

John Doe  
10 Apple Rd  
Bryan TX 13575  
(404) 723-7776

date: \_\_\_\_\_ 0235

PAY TO THE ORDER OF

Bryan Bank  
Bryan, TX

VOID

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

FOR: \_\_\_\_\_

① 203456001: 423576② 2311: "        ::0235

Signature \_\_\_\_\_

↑

9 Digit Routing Number

↖

Checking Account Number

## SPLIT PAYMENT AUTHORIZATION

**Full Name on Card:** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

In signing this form, I authorize payment to be sent for credit on the above credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIVACY ACT STATEMENT:** Authority: All information on this form is required under USC 3322, 31 CRF 209 and/or 210.

**PRINCIPAL PURPOSE(S):** This information is confidential and is needed to prove entitlement to payments.

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