

EFT INFORMATION SHEET

Name: _____ SSN: _____ - _____ - _____ Grade/Rank: _____

Command: _____ Dept/Div/Curriculum: _____

E-MAIL ADDRESS:

MAILING ADDRESS:

PHONE NUMBERS:

Work Phone: _____

Cell Phone: _____

Home Phone: _____

For Travel EFT Payments Please Provide The Following Information:

Financial Institution:									
Account Number:									
Type of Account: (Please circle one)	Savings				Checking				
Routing Number: (Must be 9 digits)									

Signature: _____ Date: _____

PRIVACY ACT STATEMENT

Authority:	USC 5701,37 USC 404-427, EO 9397,31 USC 3322,31 CFR 209 and/or 210
Principal Purpose(s):	Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. 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.
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 EFT/DDS programs.