

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

This form is used exclusively for the purpose of providing travel related EFT payments only. Information provided on this form will not be released to any other agency, or used for any other purpose.

PERSONAL INFORMATION

Social Security Number:

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Name: _____

(First)

(Middle Initial)

(Last)

Unit/Organization: _____

Work Telephone:

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FINANCIAL INSTITUTION INFORMATION

Type of Account:

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Checking

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Savings

Account Number:

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Routing Number:

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(Must complete all nine- digits of the Routing Number)

NOTE: The routing number identifies your banking institution. It is located at the bottom of your check or deposit ticket. Some banks use different routing numbers for EFT payments. Contact your bank prior to completing this form if you are unsure of the correct numbers. You are required to complete a new EFT Enrollment Form with this office due to any change in your banking institution or your banking account number. I authorize the Travel Section, Finance Branch to send travel related payments using EFT to the above banking institution.

(Authorized Signature)

(Date)