NPPSC ELECTRONIC FUND TRANSFER INFORMATION FORM

I authorize my payments to be directly deposited into the financial accounts shown below.

I further understand that I must notify the fiscal section of my servicing PSD or the Travel

Processing Site of **any banking changes** that I make thru this EFT information form.

(Last): (First): (M.I): \_\_\_\_\_\_

Address:

City: State: \_\_\_\_\_\_\_\_\_\_\_

Work #:

Cell or Home #:

Organization:

Banking Information

Bank Name:

Bank Address:

Bank phone number:

Account Information

Routing number:

Account number:

Member Signature/Date

PRIVACY ACT STATEMENT

Authority 31 C F R Part 209 Department of the Treasury Financial Manual Bulleting No. E. O.

DOD Financial Management Regulation,Volume 5 PRINCIPAL PURPOSES. This form authorizes

Direct Deposit of payments to financial institutions to which payment is directed.