

FOR OFFICIAL USE ONLY

Date Received: _____

Date Input: _____

Technician Signature: _____

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

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.

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.

ELECTRONIC FUND TRANSFER AUTHORIZATION

Authorization to Establish Electronic Funds Transfer (EFT) for Travel Pay

I request my Travel Pay to be sent via EFT to my Direct Deposit account and authorize the required information be extracted from my pay records. I understand if I change my pay account I am required to notify the Travel Office of this change. Additionally, I understand I need to verify the funds are deposited into my account prior to withdrawing funds against the amount paid.

Date _____

Printed Name _____

SSN _____ Contact or Duty Phone _____

(Mark One) _____ Civilian Employee _____ Military Member
_____ Beneficiary _____ Non-Medical Attendant

e-Mail Address _____

Home Address _____

Signature _____

Routing Number _____

Account Number _____

Type of Account _____ Checking _____ Savings

