

DIRECT DEPOSIT/EFT ENROLLMENT & CHANGE FORM

1. GENERAL INFORMATION

SSN: _____

Name: _____

Address: _____

City, State, ZIP: _____

Work: () _____

Home: () _____

E-mail: _____

2. EFT PAYMENT TYPE (check one)

Scholar Payment Request Other

ADMINISTRATIVE USE ONLY

Scholar/Vender No: _____

3. EFT ACTION (choose one action & complete appropriate box)

3a. Start

Effective date __/__/__

3b. Cancel

Effective date __/__/__

3c. Change current account

Effective date __/__/__

(Please furnish new account information in section 4)

4. DIRECT DEPOSIT/EFT ACCOUNT INFORMATION

NOTE: Please **attach a voided check** to help us verify account information. Contact your bank for help in completing this form.

FINANCIAL INSTITUTION: _____

ADDRESS: _____

PHONE: () _____ **(REQUIRED)**

ROUTING TRANSIT NUMBER: _____

ACCOUNT NUMBER: _____

5. AUTHORIZATION

Privacy Act Statement: The collection of the information you are requested to provide on this form is authorized under 31 CFR § 209 and/or § 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process data from GSA to the financial institution and/or its agent.

Signature _____ Date _____

Tape VOIDED check here.