

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

Use this form to enroll in Direct Deposit of your travel and miscellaneous reimbursements from the General Services Administration

Privacy Act Statement Collection of this information is authorized by 31 U.S.C. 3332(g), 3325(d) and 7701(c). The information will be used by the Government to make payments by EFT to a vendor. This information may also be used for income reporting and for collecting and reporting on any delinquent amounts arising out of a vendor's relationship with the Government. Disclosure of the information by the vendor is mandatory. Failure to provide the requested information may result in the delay or withholding of payment to the vendor.

New Employee <input type="checkbox"/> Update Information <input type="checkbox"/> Invitational Traveler <input checked="" type="checkbox"/>	Organization Office Symbol USCCR	GSA Agency Only _____
Last Name	First Name	M.I.
Home Address		
City	State	Zip
Social Security Number (SSN)		
Financial Institution Name	Financial Institution Routing Transit Number (RTN) 9 digits	
Depositor Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Payee Email (To Be Completed by USCCR Staff)		
USCCR Work Phone	USCCR FAX No.	
Signature (Not Required if Sending by Email)		
USCCR Staff on behalf of		

Return to Heartland Finance Center, Financial Operations and Disbursement Division
Fax completed form to KC-Vendor Number Requests: 816-823-5415