

# NPPSC TRAVEL EFT INFORMATION FORM

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify the travel section of my servicing PSD or the Travel Central Processing Site of any banking changes that I make thru this Travel EFT information form.

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(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I) \_\_\_\_\_

SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

WORK #: \_\_\_\_\_

CELL or HOME #: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

## BANKING INFORMATION

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_ CHECKING \_\_\_\_ SAVINGS

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MEMBERS SIGNATURE / DATE

### PRIVACY ACT STATEMENT

AUTHORITY: 31 C.F.R Part 209, Department of the Treasury Financial Manual, Bulleting No: 95-07, E.O 9397, DOD Financial Management Regulation, Volume 5.PRINCIPAL PURPOSES: This form authorizes direct deposit of travel payments to financial institutions to which payment is directed.