

APPLICATION FOR ELECTRONIC TRANSFER OF FUNDS

This form is used to enroll for EFT (ACH) payments with an addenda record(s) containing payment related information.

COMPLETE AND RETURN BY FAX TO: 317-510-2006 or e-mail: lynda.brown@dfas.mil**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 33 CFR 210. This information will be used by the Defense Finance & Accounting Service to transmit payment data, by electronic means, to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House (ACH) payment system.

FEDERAL AGENCY INFORMATION

FEDERAL PROGRAM AGENCY - DEFENSE FINANCE ACCOUNTING SERVICES, INDIANAPOLIS

VENDOR PAY CONTACT:

NAME BROWN/SMITH/HARRISON

PHONE NUMBER (888) 425-7729

(317) 510-2510/3028/3047

FAX NUMBER (317) 510-2006

ADDRESS (STREET, CITY, STATE, ZIP)

DFAS-INDIANAPOLIS

TRANSPORTATION PAY SERVICES

ATTN: DFAS-BVAYD/IN

8899 EAST 56TH STREET

INDIANAPOLIS, IN 46249-0656

PAYEE COMPANY INFORMATION

PAYEE COMPANY NAME AS LISTED ON CONTRACT

PAYEE CODE AND SCAC

SSN OR TAXPAYER ID NUMBER

LIST ALL OPEN CONTRACT NUMBERS OR CONTRACTS TO WHICH THIS AUTHORIZATION APPLIES

LIST ANY ADDITIONAL CONTRACTS ON ANOTHER SHEET.

PAYEE COMPANY CONTACT

ADDRESS (STREET, CITY, STATE, ZIP)

NAME:

PHONE NUMBER () -

FAX NUMBER () -

PAYEE COMPANY AGREES TO RECEIVE PAYMENT INFORMATION FROM ITS FINANCIAL INSTITUTION.

YES NO IF YOU CIRCLE YES, DFAS WILL NOT MAIL YOU A REMITTANCE ADVICE.

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

FINANCIAL INSTITUTION INFORMATION**FINANCIAL INSTITUTION NAME**

ACH COORDINATOR

ADDRESS (STREET, CITY, STATE, ZIP)

NAME:

PHONE NUMBER () -

FAX NUMBER () -

NINE DIGIT ROUTING TRANSIT NUMBER

DEPOSITOR (VENDOR) ACCOUNT TITLE

DEPOSITOR (VENDOR) ACCOUNT NUMBER

TYPE OF ACCOUNT

ACH FORMAT: (CIRCLE ONE) **CCD+** PARTIAL CTX

CIRCLE ONE: CHECKING SAVINGS

VENDOR: DO YOU WANT CTX820 WHEN AVAILABLE? YES NO

FINANCIAL INSTITUTION AGREES TO PROVIDE VENDOR WITH A COPY OF THE PAYMENT ADDENDA INFORMATION.

YES NO IF YES, PROVIDE TYPE OF MEDIA AND TIMEFRAME:

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

TELEPHONE NUMBER

(COULD BE THE SAME AS ACH COORDINATOR)

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