NPPSC ELECTRONIC FUND TRANSFER INFORMATION FORM

 I authorize my payments to be directly deposited into the financial accounts shown below.

 I further understand that I must notify the fiscal section of my servicing PSD or the Travel

 Processing Site of **any banking changes** that I make thru this EFT information form.

 (Last): (First): (M.I): \_\_\_\_\_\_

 Address:

 City: State: \_\_\_\_\_\_\_\_\_\_\_

 Work #:

 Cell or Home #:

 Organization:

Banking Information

 Bank Name:

 Bank Address:

 Bank phone number:

Account Information

Routing number:

 Account number:

 Member Signature/Date

 PRIVACY ACT STATEMENT

 Authority 31 C F R Part 209 Department of the Treasury Financial Manual Bulleting No. E. O.

DOD Financial Management Regulation,Volume 5 PRINCIPAL PURPOSES. This form authorizes

 Direct Deposit of payments to financial institutions to which payment is directed.