

SUBMIT WITH BOOK/SUPPLY REIMBURSEMENTS REQUESTS ONLY

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701,37 USC 404427, and EO 9397. PRINCIPAL PURPOSE(S): Used for reviewing approving. accounting and disbursing. SSN is used to maintain a numerical identification system for Individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement.

DISCLOSURE: Voluntary, however, failure to furnish information requested may result in total or partial denial of amount claimed.

EFT AUTHORIZATION

**AUTHORIZATION TO ESTABLISH ELECTRONIC FUNDS TRANSFER (EFT)
FOR REIMBURSEMENT PAYMENT**

I request my Reimbursement payment be sent via EFT to my Direct Deposit account and authorize the required information be extracted from my Pay Records. I understand if I change my Pay Account I am required to notify the Program Manager of this change. Additionally, I understand I need to verify the funds are deposited into my account prior to withdrawing funds against the amount paid.

Date

Printed Name

SSAN

Daytime Phone Number

(MARK ONE) I am a Civilian Employee _____ Military Member _____

Signature

ROUTING NUMBER _____ (9 Digits)

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____