

**ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION**

A. Name of Bank: \_\_\_\_\_

B. Street Address of Bank: \_\_\_\_\_

C. City, State and Zip Code of Bank: \_\_\_\_\_

D. Name on Account: \_\_\_\_\_

E. Account Number: \_\_\_\_\_

F. Type of Account: \_\_\_\_\_  
*[Checking or Savings]*

G. Routing Number: \_\_\_\_\_  
*[The Bank's number, located at the bottom left of a check]*

H. Email Address: \_\_\_\_\_

\_\_\_\_\_  
*[Type Name of Claimant Here]*

\_\_\_\_\_  
*[Signature of Claimant Here]*

\_\_\_\_\_  
*[Social Security Number]*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
*[Mailing Address}*

**Privacy Act Statement**

This notice applies to this attachment and is provided in accordance with the Privacy Act, 5 U.S.C. § 552a(e)(3). Authority: 31 U.S.C. § 3325(f), relating to the taxpayer identification number (TIN), and 31 U.S.C. § 3332(f)(1) relating to financial institution information. Purpose(s): To facilitate payment of your claim against a department or agency of the U.S. Government. Routine Uses: The TIN and financial institution information you provide will be disclosed to the U.S. Treasury Department and/or to the Defense Finance and Accounting Service to determine whether you have any outstanding debts to the government that should be paid from your award, and to facilitate electronic funds transfer, if applicable. The information may also be disclosed to other Federal agencies in order to process your claim. Disclosure: Voluntary, but failure to provide the requested information may result in payment of your claim being delayed or denied.