

Appendix C

DIRECT DEPOSIT SIGN-UP FORM FOR

AGENCY: FHWA___ FMCSA___ FRA___ FTA___ MARAD___ NHTSA___ OIG___ OST___

PHMSA___ REGION___ SLSDC___ VOLPE___

☐ ESTABLISH DIRECT DEPOSIT ☐ CANCEL DIRECT DEPOSIT ☐ CHANGE DIRECT DEPOSIT INFORMATION

SOCIAL SECURITY NUMBER _____

NAME (Last, First Middle Initial) _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE NUMBER (Work) _____ (Home) _____ (Cell) _____

TYPE OF ACCOUNT

☐ CHECKING ☐ SAVINGS

ROUTING TRANSIT NUMBER (This number appears at the extreme bottom left of your checks.
For savings accounts, you need to contact your financial institution.)

____ _

ACCOUNT NUMBER

____ _

NAMES ON ACCOUNT

FINANCIAL INSTITUTION'S NAME

AUTHORIZATION:

(EMPLOYEE'S SIGNATURE)

(DATE)

All information on this form is required under 31 CFR 209 and/or 210. The information is voluntary, confidential and is needed to prove entitlement to payments. The information will be used to process payments data from the Federal Aviation on to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit for Travel Payments.

This form is to be used only for processing Federal Employee Travel Reimbursements.

The Original With Signature should be sent to:

Federal Aviation Administration
Mike Monroney Aeronautical Center
Travel and Transportation Branch, AMZ-130
P.O. Box 25082
Oklahoma City, OK 73125-4913