

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