

# **FINANCIAL SYSTEM/DIRECT DEPOSIT FORM FOR TRAVEL PAYMENTS**

**PRIVACY ACT STATEMENT:** This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.

**AUTHORITY:** Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 110012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109.

**PURPOSE:** The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government.

**ROUTINE USE(S):** The information will be used by officers and employees who have a need for information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number;

**DISCLOSURE:** Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

# FINANCIAL SYSTEM/DIRECT DEPOSIT FORM FOR TRAVEL PAYMENTS

SELECT ALL AGENCIES THAT YOU MIGHT TRAVEL FOR

CFTC	CPSC	FAA	FHWA	FMCSA	FRA	FTA
IMLS	GAO	NHTSA	OIG	OST	OSTWCF	
MARAD	PHMSA	RITA	SEC	STB	VOLPE	

ESTABLISH DIRECT DEPOSIT      CHANGE DIRECT DEPOSIT      ADDRESS CHANGE      NAME CHANGE

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME (Last, First Middle Initial) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

NAME CHANGE ONLY PROVIDE PREVIOUS NAME \_\_\_\_\_

(TYPE OF ACCOUNT)

CHECKING       SAVINGS

NAME ON BANK ACCOUNT \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

BANK NAME \_\_\_\_\_

ROUTING TRANSIT NUMBER \_\_\_\_\_

(This is the 9 digit number that appears at the extreme bottom left of your checks. For savings accounts, you need to contact your financial institution.)

\_\_\_\_\_  
(EMPLOYEE'S SIGNATURE)

\_\_\_\_\_  
(DATE)

**FAX to 405-954-5798**