

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

Use this form to enroll in Direct Deposit of your federal payment from the General Services Administration

Privacy Act Statement Collection of this information is authorized by 31 U.S.C. 3332(g), 3325(d) and 7701(c). The information will be used by the Government to make payments by EFT to a vendor. This information may also be used for income reporting and for collecting and reporting on any delinquent amounts arising out of a vendor's relationship with the Government. Disclosure of the information by the vendor is mandatory. Failure to provide the requested information may result in the delay or withholding of payment to the vendor.

Last Name	First Name	M.I.	Social Security Number (SSN)	
Home Address		City	State	ZIP

Financial Institution Name	Financial Institution Routing Transit Number (RTN) 9 digits
Depositor Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payee Email	Work Phone

Return to Heartland Finance Center, Financial Operations and Disbursement Division

Fax to: 816-823-5415

Finance Helpdesk Phone Number 816-926-7287 or 1-800-676-3690, option 3