

# Corporate Electronic Funds Transfer (CEFT) Form

**\*\* ALL FIELDS ARE REQUIRED. PLEASE TYPE ALL FIELDS EXCEPT SIGNATURE. \*\***

Payee Name (Exactly as filed with IRS) \_\_\_\_\_

SSN \_\_\_\_\_ or EIN/TIN/DUNS/CAGE CODE \_\_\_\_\_

Status Code:

Corporation? Answer Y/N \_\_\_\_\_

DoD connected? Answer Y/N \_\_\_\_\_

Individual? Answer Y/N \_\_\_\_\_

Payee MAILING Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payee Bank Name \_\_\_\_\_

Payee Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payee Bank Telephone Number \_\_\_\_\_

ACH Nine-Digit Routing Transit Number \_\_\_\_\_

Depositor (Payee) Account Number \_\_\_\_\_

Type of Account (Checking or Savings) \_\_\_\_\_

Payment Format (CTX, CCD, or PPD) \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Account Holder's Signature X \_\_\_\_\_

POC Name (for the Payee) \_\_\_\_\_

POC Phone Number \_\_\_\_\_

POC Email Address \_\_\_\_\_

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to collect information used to make payment pursuant to the Personnel Claims Act. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal 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 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 tax payer and/or employee identification number. 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.