MANUAL CEFT INPUT INFORMATION

PLEASE PRINT CLEARLY

Payee Name_____

SSN _____ EIN _____

Corporate Status Code _____2J_____

Please check one or the other if you are an employee, or contractor

DOD_____
INDV_____

Payee **MAILING** Address:_____

Payee Phone:_____

Payee Email Address_____

EFT Format: CTX

FINANCIAL INSTITUTION INFORMATION

ACH Bank Name _____

ACH Bank Address _____

_____

ACH Bank Telephone Number _____

ACH Nine-Digit Routing Transit Number_____

Depositor Account Number _____

Type of Account (checking or savings) _____

Account Holder's Name_____

Account Holder's Signature _____

Note: Failure to annotate legibly, or provide all required information will delay processing of your claim payment.