

DIRECT DEPOSIT SIGN-UP 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.

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TRAVEL PAYMENTS**

AGENCY: CFTC ___ CPSC ___ FAA ___ FHWA ___ FMCSA ___ FRA ___
FTA ___ IMLS ___ GAO ___ NHTSA ___ OIG ___ OST ___ OSTWCF ___
MARAD ___ PHMSA ___ RITA ___ SEC ___ STB ___ 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 from Treasury 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 Direct Deposit for Travel Payments.

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