FRA EMPLOYEE ENROLLMENT FORM

DIRECT DEPOSIT OF TRAVEL

Instructions: Complete the information below using a personal check, account statement, or account identification card. The sample will help you to locate the account number and your financial institution Routing Transmit Number. If you need assistance, contact the Finance Office on (202) 493-6159

1. FINANCIAL INSTITUTION

2. TYPE OF DEPOSITOR ACCOUNT

☐ Checking ☐ Savings

3. DEPOSITOR ACCOUNT NUMBER

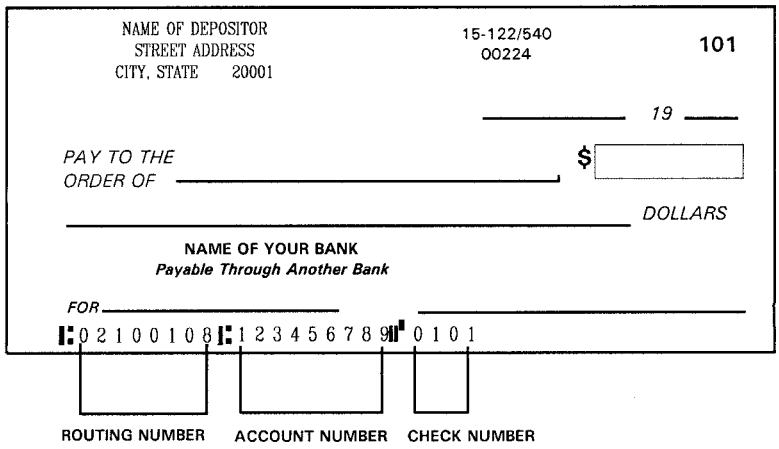
(Include dashes where they appear on check or card.)

4. ROUTING TRANSIT NUMBER

(If your check or draft includes payable through under the bank name, contact the Finance Office to help obtain the Routing Number.)

5. ACCOUNT NAME *(must include employee name)*

6. PAYEE IDENTIFICATION NUMBER (SSN)



Employee Signature

Employee Address

Please return to:

FRA/Office of Financial Services,RAD-40
U.S. Mail Stop-40
400 7th Street, SW
Washington, D.C. 20590

NOTICE UNDER THE PRIVACY ACT The collection of the information you are requested to provide on this form is authorized under 1 USC 3322, CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process data from the Federal agency to the financial institution and/or its agent.