

DFAS TEXARKANA/NAF Financial Services

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments.

Accounts Payable Branch

P. O. Box 6111

Texarkana, TX 75505-6111

EMAIL FORM TO: dfas.rrad.jnb.mbx.dtx-vp1@mail.mil

Please provide LEGIBLE banking information for us to process your payments by ACH transfer.

Name on Account: _____

Name of Bank: _____

Address of Bank: _____

US Bank Routing Code: _____

US Bank Account #: _____

Checking Account _____ **Savings Account** _____

Email: _____

Contact Person: _____ **Phone#:** _____

Signature: _____ **Date:** _____

Upon verification of banking information and the service being set up with our banking institution, payments will be made by EFT.

Questions: Please Contact Vendor Control @ 903-334-1610