DIRECT DEPOSIT SIGN-UP FORM FOR TRAVEL PAYMENTS

| AGENCY: | CFTCCP | SCFAA | FHWA | FMCSA | _FRA |
|---|--------------|--------------|----------|---------------|---------------------|
| FTA_ | _IMLSGAG | DNHTSA_ | _0IG0 | STOSTWCF | <u></u> |
| MAR | ADPHMSA | RITA | _SEC | STBVOLPE | |
| [] ESTABLISH DIRECT DE | POSIT [] CAN | CEL DIRECT D | EPOSIT [| CHANGE DIRECT | DEPOSIT INFORMATION |
| SOCIAL SECURITY NUM | IBER | | | | |
| NAME (Last, First Middle Initial) | | | | | |
| MAILING ADDRESS | | | | | |
| EMAIL ADDRESS | | | | | |
| TELEPHONE NUMBER (Work | x) | | (Home) | | _(Cell) |
| TYPE OF ACCOUNT | | | | | |
| | [] CH | IECKING | [] SAV | INGS | |
| 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 N | AME | | | | |
| 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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