

**VENDOR ELECTRONIC FUNDS TRANSFER PAYMENT ENROLLMENT FORM FOR MORALE, WELFARE & RECREATION (MWR), NAVY GATEWAY INNS & SUITES (NGIS) AND/OR ARMED FORCES RETIREMENT HOMES (AFRH)**

This form is used for Electronic Funds Transfer enrollment, which includes Government Purchase Cards (GPC) and Automated Clearing House (ACH) payments.  
Please complete and return this form as soon as possible.

**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 USC 3332, as amended by the Debt Collection Improvement Act of 1996 (P.L. 104-134) and 31 CFR 208. This information will be used by the Commander Navy Installations Command, Morale, Welfare and Recreation Division, to electronically transmit payment data to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**FFR: Complete this section and forward to Vendor to complete Sections A-C**

<b>Address</b> Commander Navy Installations Command Attn: 5720 Integrity Dr Millington TN 38055	<b>Phone</b> Commercial: FAX: E-mail:
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**Vendor: Please select payment method and complete Section A and Section B or C and return to above address**

Method of payment:	<input type="checkbox"/>	<b>GPC</b> Complete Section B	<input type="checkbox"/>	<b>ACH</b> Complete Section C
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<b>Section A</b>	<b>Company Accounts Receivable Information</b>					
Name:				EIN/SSN:		
Street Address:						
City:	State:		ZIP Code:			
Contact Person:	Phone:		FAX:			
E-mail:						
Select who you do business with: (check all that apply)	<input type="checkbox"/>	MWR	<input type="checkbox"/>	NGIS	<input type="checkbox"/>	AFRH

<b>Section B</b>	<b>Company Contact for GPC (Single Use Account Credit Card) payments (Standard terms Net due 10 days)</b>				
Name:					
Address:					
E-Mail for Card Number delivery:				Phone:	

<b>Section C</b>	<b>Financial Institution Information for ACH payments (Standard terms Net due 30 days)</b>				
Name:					
Address:					
ACH Coordinator Name:				Phone:	
ACH Routing Number:					
Bank Account Holder Name:					
Account Holders Bank Account Number:					
Account Type:	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings	

Signature of Company Official:	Date:
Title of Company Official:	