

FastStart Direct Deposit Form



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 31U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transit payment data, by electronic means to individual's financial institution. **Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.**

Instructions

This form is used for **Automated Clearing House (ACH)** payments with an addendum record that contains payment related information processed through the Vendor Express Program. Please type or print **All Fields** indicated below.

SECTION I MUST BE COMPLETED BY PROGRAM OFFICE

I. General Information

Please select a Vendor Type IPA Employee Fellow* Invitational

NSF Contact Name

NSF Contact Phone Extension

*Fellow iTRAK Supplier Number

II. Individual Information

Name (Last, First MI)

Home Address

Email Address

Social Security Number

III. Banking Information

Bank Name

Bank Address

Type of Account

Savings Checking

If this account is shared with another NSFPayee, please provide person's name.

Nine Digit Routing Number

Account Number

IV. Authorization

I hereby certify as to the accuracy of the information contained herein, and I understand that if this information is incorrect, payment could be delayed by a period of 30 to 90 days. **Authorization- Sign and date this request form after you have carefully read the instructions and Privacy Act**

Signature _____

Date:

Return this completed form by FAX to 703-292-9006. If unable to FAX, call 703-292-4443 for Secure Email Instructions Note: IF ANY INFORMATION PROVIDED ON THIS FORM CHANGES, YOU MUST SUBMIT A NEW NSF 1379 FORM