

DIRECT DEPOSIT AUTHORIZATION FORM

M2

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 by the Treasury Department to transmit data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

I hereby authorized U. S. Army Corps of Engineer, hereinafter called USACE, to initiate direct deposit credit entries and to initiate, a necessary debit entries and adjustments for any credit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until USACE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford USACE and DEPOSITORY a reasonable opportunity to act on it.

Check One: I am not currently participating in the Direct Deposit Program. () **ADD** - Deposit my payment to the account shown.

I am currently participating in the Direct Deposit Program.
 CHANGE - Change financial institutions and/or account number.
 CANCEL - Stop my participation in the program.

Name or (Company as shown on invoice):	VENDOR_ID_CODE:	
Address:		
City:	State:	Zip:
Mailing Address (if different):		
Daytime Phone: ()		

Please ask your Financial Institution for your Depositor Account Number and Routing Number
(Indicate which type account to credit)

Type of Depositor Account Please check a box.	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving										
Depositor Account Number												

Name of Financial Institution:									
Address:									
City:	State:	Zip:							
Routing Number:									
Depositor Account Title:									

Tax ID Number (TIN) for Business:

SIGNATURE: _____ **DATE:** _____

**Mail To: USACE Finance Center, ATTN: EFT/DISB, 5722 Integrity Drive, Millngto, TN 38054-5005
FORM: UFC-DISB-4**