

**Traveler /Miscellaneous Payment
Enrollment Form
International Wire Information**

CDC FMO
Wire Info. 2/19/02

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 payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

CENTERS FOR DISEASE CONTROL & PREVENTION

ADDRESS

P. O. BOX 15580 MS D06

ATLANTA, GA 30333

CONTACT PERSON NAME:
Customer Service

TELEPHONE NUMBER:
(404) 687-6666

ADDITIONAL INFORMATION

FAX (404) 638-5342

TRAVELER'S INFORMATION

TRAVELER'S NAME:

Social Security Number:

ADDRESS:

CITY

Country

Code

CONTACT PERSON NAME:

TELEPHONE NUMBER:

TRAVELER'S LOCAL FINANCIAL INSTITUTION INFORMATION

BANK NAME:

BANK ADDRESS:

SWIFT CODE:

SORT CODE:

ACCOUNT NUMBER:

BENEFICIARY NAME:

CURRENCY TYPE:

IF US DOLLARS: US CORRESPONDING BANK

