

INSTRUCTIONS FOR COMPLETING FORM UFC-DISB-4

- 1) Travelers should indicate if this transaction is an “add” as a new Direct Deposit to be set up; or a change to the already existing information. USACE employees already on payroll Direct Deposit who have not already completed a form for travel reimbursements should mark “Add”.
- 2) Include the Corps of Engineers District name (example: Mobile).
- 3) Name
- 4) Home address
- 5) City, state, and zip code that match the physical address
- 6) The mailing address will include any and all remit to/payment addresses that are different from the physical address. (If more space is needed, include as attachment page with all addresses listed.) This is VERY IMPORTANT – the routing and bank account number is loaded on specific payment addresses.
- 7) Include daytime phone number in case there are questions concerning the completed form.
- 8) Check “Checking” if the bank account number is a checking account.
- 9) Check “Savings” if the bank account number is a savings account.
- 10) Include bank account number, one number in each slot. This number for checking account is located on the bottom portion of your checks – usually a nine-digit number. *Do not include a check number, which sometimes appears in front or behind the actual account number.*
- 11) The full name of your bank
- 12) The actual street address or PO BOX of your bank/financial institution.
- 13) The city, state, and correct zip code of your bank/financial institution.
- 14) The bank’s routing number. This is your bank’s identification number in the Federal Reserve System (every bank’s routing number consists of exactly nine numeric numbers). To locate your bank’s routing number, look at the bottom of your check at the series of numbers across the bottom. (see example below)

The diagram shows a check with the following fields and markings:

- Top right corner: 001
- Pay to the order of: _____
- Amount: \$ _____
- For: _____
- Bottom left: ⑆ 1 23456789⑆
- Bottom middle: 1 23456789 10
- Bottom right: 00 1
- Below the numbers: Routing Number, Account Number, Check #

- 15) Depositor Account Title
- 16) Social security number
- 17) Signature
- 18) Date

DIRECT DEPOSIT AUTHORIZATION FORM

PRIVACY ACT STATEMENT

The following information is provided to comply with the privacy Act of 1974 (P.L.93-579). All information collected of this form is required under the provision of 31 U.S.C. 3322 and 31CFR210. This information will be used by the Treasury Department to transmit data by electronic means to the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System. I hereby authorize U.S. Army Corps of Engineers, Hereinafter called USACE to initiate direct deposit credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account.

(1) Check One of the Following Statements::

I am not currently participating in the Direct Deposit Program
 ADD – Deposit my Payment to the account shown

OR I am currently participating in the Direct Deposit program
 CHANGE - Financial Institutions and/or Account Number

(2) Installation EROC Walla Walla

Name (3)	
Address (4)	
City (5)	State: _____ Zip: _____
Mailing Address (if different): (6)	
Daytime Phone() (7)	

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

Type of Depositor Account Please Check a Box	Checking (8)	Savings (9)																																							
Depositor Account Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																				<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																				

Name of Financial Institution (11)	
Address (12)	
City (13)	State: _____ Zip: _____
Routing Number (14)	
Depositor Account Title: (15)	

(16)	
------	--

SIGNATURE:_(17) _____
 DATE:_(18) _____