

EFT/ACH Member Payment Enrollment Form

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY
COAST GUARD FINANCE CENTER (OPA-MR2)

AGENCY IDENTIFIER
USCG

ADDRESS
1430A KRISTINA WAY

CITY, STATE, ZIP CODE
CHESAPEAKE, VA 23326

CONTACT PERSON
CUSTOMER SERVICE

TELEPHONE NUMBER
(757) 523-6940

PAYEE/COMPANY INFORMATION (**Required) AGENCY

[Empty text box for Payee/Company Information]

** Coast Guard - Auxiliary - ALC 70060000 must enter: Employee ID

** TSA travelers must enter: SPONSOR/BENEFITTING ORG

NAME ** [] SSN NO. OR TAXPAYER NO. ** [] Re-enter to confirm: []

ADDRESS ** []

CITY ** [], STATE ** [] POSTAL CODE ** []

TELEPHONE NUMBER ** [] DATE ** [] (MM/DD/YY)

EMAIL ADDRESS ** [] Re-enter to confirm: []

**IS THIS FORM BEING SUBMITTED BY THE: Payee (Self) On Behalf of Payee

SUBMITTER INFORMATION

Form Submitted By: SUBMITTER'S NAME: SUBMITTER'S TELEPHONE NUMBER: SUBMITTER'S EMAIL ADDRESS: This information will expedite processing this request should we need any additional information.

FINANCIAL INSTITUTION INFORMATION (**Required)

NAME ** [] ADDRESS ** [] CITY ** [] STATE ** [] ZIP CODE ** [] POINT OF CONTACT [] TELEPHONE NUMBER ** [] ROUTING TRANSIT NUMBER ** [] (enter 9 digit number) DEPOSITOR ACCOUNT NUMBER ** [] TYPE OF ACCOUNT ** CHECKING SAVINGS

FAX completed form to (757)523-6769 OR Email as attachment (PDF Format) to FIN-SMB-VdrMaintTeam@uscg.mil with Subject of "EFT/ACH Form".