

Electronic Funds Transfer (EFT) Sheet

FOR OFFICIAL USE ONLY: This form contains information that is protected from disclosure by the Privacy Act of 1974. Please ensure that this information is used solely for purpose of changing DTS EFT information. Further distribution unauthorized distribution of this information may lead to civil and/or criminal penalties for improper use.

Traveler Data:											
Full SSN (9 digits):											
First Name:						Last Name:					
Middle Initial:			Email Address:								
Check One of the Applicable Boxes:	Officer:	<input type="checkbox"/>	Enlisted:	<input type="checkbox"/>	DoD Employed Civilian:	<input type="checkbox"/>	Civilian:	<input type="checkbox"/>			
Title/Rank: <small>(for non-DoD Civilians write other)</small>	Work Phone:				()						
	Home or Mobile Phone:				()						
Government Charge Card Information (GOVCC):											
GOVCC Holder:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	GOVCC Expiration Date:	_____ / _____ / _____ <small>(MM / DD / YYYY)</small>							
GOVCC Account Number:											
<small>(Must Be Sixteen Digits)</small>											
Electronic Funds Transfer Information:											
Account Type:	Checking: <input type="checkbox"/>	Savings: <input type="checkbox"/>	Bank Name:								
Account Number:											
Routing Number:											
<small>(Must Be Nine Digits)</small>											
Signature: _____						Date: _____					
<small>(Must be the same individual who's information is contained above)</small>						<small>(MM / DD / YYYY)</small>					
<small>By signing this form you are certifying that all the above information is correct. Falsification of any of the information above may lead to civil and/or criminal penalties.</small>											

The Information Contained on the Second Page is for Unit DTS Officials

Organizational Defense Travel Administrator (ODTA):

First Name:

Last Name:

Justification For Use of this Form:

(Justification is not Required for Non-DoD Civilian Travelers)

By signing below you acknowledge the terms as follows: No DTS account will be made without this form completely filled out. This form is not to be used as a blanket means for creating DTS accounts or updating EFT information. It is the traveler's responsibility to create their own account and update their own personal information in DTS. If the CAC traveler does not have an NMCI account then he or she will go to the base computer lab to create their account. This form is only to be used for civilians not employed by the DoD (no CAC access) who do not have the physical capability of doing it themselves. Exceptions may be made on case by case basis for DoD Civilians or military services members. This case by case basis will be decided by the Tier II Helpdesk after the justification for submission has been reviewed.

Signature: _____ Date: _____

(Must be the ODTAs signature)

(MM / DD / YYYY)

By signing this form you are certifying that all the information above is correct to your knowledge. Falsification of any of the information above may lead to civil and/or criminal penalties against all parties.