ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM FOR MORALE, WELFARE & RECREATION (MWR) OR BACHELOR HOUSING (BH)

This form is used for Automated Clearing House (ACH) payments. Please complete and return this form as soon as possible.

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 31U.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 through the Automated Clearing House Payment System.

! VENDOR: Select Who You Do Business With: MWR ☐ **&/Or BH** ☐

MWR INFORMATION

Fleet and Family Readiness Service Center, 850 Ticonderoga St.
ADDRESS: Suite 300, Pearl Harbor, HI 96860-5100

CONTACT PERSON NAME: **ANDREW B. CUSIMANO**

FAX: (808) 474-6164 TELEPHONE: (808) 474-6042

E-MAIL ADDRESS: andrew.cusimano@navy.mil

CUSTOMER/COMPANY INFORMATION **ACCOUNTS RECEIVABLE INFORMATION**

COMPANY FEDERAL TAX ID NR: _____

CUSTOMER/COMPANY NAME: **OR/SOCIAL SECURITY NR:** _____

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STREET ADDRESS: CITY: STATE: ZIP:

CONTACT PERSON NAME: **PAYMENT TERMS:**

FAX NUMBER: TELEPHONE NUMBER:

E-MAIL ADDRESS

***-PO BOX ADDRESS IS NOT ACCEPTABLE – MUST BE PHYSICAL ADDRESS**

YOUR BANKING INFORMATION - FINANCIAL INSTITUTION INFORMATION

*** REQUIRED DATA ***

BANK NAME: *****

BANK ROUTING NUMBER: *****

BANK DEPOSITOR ACCOUNT NAME: *****

BANK DEPOSITOR ACCOUNT NUMBER: *****

BANK ACCOUNT TYPE: ***** CHECKING: ☐ SAVINGS: ☐