

# ELECTRONIC PAYMENT FORM

SSN	NAME OF PAYEE (LAST, FIRST, MI)	RANK/RATE
COMMAND		PHONE NO.
UIC		
ELECTRONIC FUNDS TRANSFER (EFT)		
<p style="text-align: center;">I am a participant of the Direct Deposit System and elect that payments for claims submitted be deposited to my Milpay CCS Account (FOR USN ACTIVE DUTY ONLY)</p> <p>_____</p> <p>INITIALS</p>		
<p style="text-align: center;">I elect that payments for claims submitted be deposited to the following Financial Institution:</p> <p>_____</p> <p>INITIALS</p>		
NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	
	DEPOSITOR ACCOUNT NUMBER	
	ACCOUNT TYPE    _____ CHECKING    _____ SAVINGS	
<p>All information on this form is required under the IATS system. The information provided will be used to process payments from DFAS-CL to the financial institution and/or its agent or to the mailing address submitted. Failure to provide the requested information will cause delay in the processing of your claim and prevent payment thereof.</p>		
SIGNATURE		DATE