

ELECTRONIC PAYMENT TRADING PARTNER ENROLLMENT AGREEMENT

BETWEEN CONTRACTOR AND _____ AIR FORCE BASE (NAFI)

AT _____
(Base mailing Address)

BASE FAX NO:

BASE COMM PHONE NO:

BASE E-MAIL ADDRESS:

This form is used to enroll for electronic funds transfer (EFT) payment. The information will be used by the NAFI to transmit payment data by electronic means to your financial institution. Return the completed form to the NAFI at the above address.

EFT ENROLLMENT TYPE ('X' New or Change):

NEW: _____ CHANGE: _____

VENDOR CODE: _____

(To be completed by NAFI)

Contractor

Name : _____

Address: _____

Taxpayer Identification Number (TIN): _____

Or Social Security Number: _____

EFT addenda information required by Contractor to accompany payment
(See item 3 on reverse side)

(80 Characters or less)

BASE IS TO FAX PAPER REMITTANCE INFORMATION TO:

NAME: _____

FAX NUMBER: _____

TELEPHONE NUMBER: _____

Contractor's Financial Institution

Name: _____

Address: _____

Bank Contact: _____

Telephone: _____

Bank Transit Routing #: _____

State Side Banks use 9-Digit Routing Number

Overseas Banks use SWIFT Number

Contractor Account Number: _____

Name Of Account, If different than Contractor Name:

Account Type: ('X' one of the following)

Checking: _____ Savings: _____

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 31 U.S.C. 3332 and 31 CFR 210. PURPOSE: This information will be used by Air Force Services to transmit payment data, by electronic means to vendor's financial institution. ROUTINE USE: The information collected on this form may be shared with parties' financial institutions for electronic funds transfers (EFT). Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House (ACH) Payment System.

