

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
EFT / ACH MEMBER PAYMENT ENROLLMENT FORM

Attention Vendors: For commercial vendors, please register your EFT/ACH information through the Central Contractor Registration web site at this address: <https://www.sam.gov>.

Attention Coast Guard, TSA, and DNDO members: This form is used for Electronic Fund Transfer and Automated Clearing (ACH) payments. Recipients of these payments should bring this information to the attention of their financial institution.

Submit this form: Submit via EMAIL Attachment (PDF format).
To Email: Complete the form and email as a PDF attachment to:

Subject: EFT/ACH Form.

Privacy Act Statement

Authority: 5 U.S.C. § 301; 19 U.S.C. § 1451; 44 U.S.C. § 3101; 5 U.S.C. § 5501-5597; 31 U.S.C. § 7701; 37 U.S.C. § 406; 42 U.S.C. § 213; Public Law 101-576; 19 C.F.R. § 24.16 and 17, E.O. 11348 as amended by E.O. 12107, and E.O. 9397 as amended by 13478.

Purpose: This information will be used to establish a payee record within the Coast Guard Finance Center (CGFINCEN) Workflow Imaging Network System.

Routine Uses: CGFINCEN will use this information as the key control in the payee set up process to verify the respective Taxpayer Identification Number (TIN) via IRS TIN matching before making a payment. The information will be used for official purposes and may be disclosed externally as a "routine use" pursuant to DHS/USCG -014, Military Pay and Personnel, 76 FR 66933 (October 28, 2011), and DHS/ALL-007, Accounts Payable System of Records, 80 FR 58286 (September 28, 2015).

Disclosure: Furnishing this information is mandatory. Failure to provide the requested information may delay or prevent the receipt of payments.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY	AGENCY IDENTIFIER		
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER		

PAYEE / COMPANY INFORMATION (Required)**

AGENCY			
Coast Guard - Auxiliary - ALC 70060000 must enter **: Employee ID		TSA travelers must enter **: Sponsor/Benefitting Organization	
NAME **	TELEPHONE NUMBER	DATE ** (MM/DD/YYYY)	
ADDRESS **	SSN NO. OR TAXPAYER NO.**: RE-ENTER TO CONFIRM SSN NO. OR TAXPAYER NO.:		
	RE-ENTER TO CONFIRM EMAIL ADDRESS		
EMAIL ADDRESS **	RE-ENTER TO CONFIRM EMAIL ADDRESS		
THIS FORM IS BEING SUBMITTED BY THE (check one) **:		<input type="checkbox"/> Payee (Self)	<input type="checkbox"/> On Behalf of Payee

SUBMITTER INFORMATION

Form Submitted By	Payee	On Behalf of Payee
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 ** <small>(enter 9 digit number)</small>		DEPOSITOR ACCOUNT NUMBER **:	
TYPE OF ACCOUNT (check one) **:		<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS