

**ELECTRONIC FUNDS TRANSFER
DATA SHEET**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Departmental Regulations, Title 10 United States Code, Chapter 11.

PURPOSE: This information will be used to assist in the processing of your request for electronic funds transfer.

ROUTINE USES: To designate DOD personnel in carrying out the electronic funds transfer request action.

DISCLOSURE: Completion of the form is mandatory. Failure to provide required information may result in delay in response to, or disapproval, of your request.

1. NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL):	2. SOCIAL SECURITY NUMBER:
3. ADDRESS:	4. DAYTIME TELEPHONE NUMBER:
	5. ALTERNATE TELEPHONE NUMBER:
6. BANK:	7. BANK ACCOUNT NUMBER:
8. ACCOUNT TYPE (PLEASE CHECK ONE): <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	9. BANK ROUTING NUMBER (9 DIGITS):
10. BAH STATUS (PLEASE CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DEPENDENT CHILD	11. DATE OF BIRTH FOR DEPENDENT CHILDREN
10. BAH STATUS (PLEASE CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	13. FITW NUMBER OF EXEMPTIONS:
14. STATE OF LEGAL RESIDENCE:	15. IF YOU PAY STATE INCOME PLEASE CHECK ONE: SITW (WITHHOLDING) MARITAL STATUS (PLEASE CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED SITW NUMBER OF EXEMPTIONS: _____

COMPLETE AND RETURN THIS FORM TO:

NAVY PERSONNEL COMMAND
PERS-93
5722 INTEGRITY DRIVE, BLDG 768
MILLINGTON, TN 38054-0002

FAX NUMBER: (901) 874-2671 E-MAIL: PERS-9_IRR@navy.mil

<http://www.npc.navy.mil/CareerInfo/ReservePersonnelMangement/>