

DEPARTMENT OF HOMELAND SECURITY
SCIENCE & TECHNOLOGY DIRECTORATE

DIRECT DEPOSIT DOCUMENT FOR TRAVEL PAYMENTS

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

EMPLOYEE NAME *(Last, First, Middle Initial)*

WORK PHONE NUMBER

HOME PHONE NUMBER

HOME ADDRESS *(Street Address, City, State and ZIP Code)*

PAYMENT INFORMATION

IS THIS A ONE TIME PAYMENT?

YES

NO

DIRECT DEPOSIT ACCOUNT INFORMATION

TYPE OF ACCOUNT

ROUTING TRANSIT NUMBER

CHECKING

SAVINGS

ACCOUNT NUMBER

ACCOUNT TITLE *(Account Holder's Name)*

AUTHORIZATION

EMPLOYEE'S SIGNATURE

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701-5733, Sections 5721-5733, and Executive Order 9397.

DISCLOSURE: The information is voluntary, confidential, and is needed to prove entitlement to payments.

PURPOSE: To process payments data from the Department of Homeland Security and will be shared with the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit for Travel Payments.