

**ELECTRONIC FUNDS TRANSFER WAIVER REQUEST FORM**

Federal regulations 31 C.F.R. Part 208 and F.A.R. 32.11 give the Federal Government the authority to waive a vendor, sole proprietor, or individual from the Electronic Funds Transfer (EFT) requirements of the Debt Collection Improvement Act (DCIA) if they meet one or more of the seven conditions cited below. To request an EFT Waiver, please complete this form and submit it to Financial Service Center - Dallas (FSC-D) by mail or facsimile for approval.

<b>Vendor/Individual Name:</b>			
<b>TIN (SSN, EIN, ITIN):</b>			
<b>Bank Acct, Credit Card or other Federal Acct No.</b>			
<b>Address:</b>			
<b>Point of Contact:</b>			
<b>Phone No.:</b>		<b>Facsimile No.:</b>	
<b>E-mail Address:</b>			
<b>Business Type:</b>	<input type="checkbox"/> VENDOR-CORPORATION <input type="checkbox"/> VENDOR-PARTNERSHIP <input type="checkbox"/> VENDOR-SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL		
<b>Employee Status:</b>	<input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> NON-FEDERAL EMPLOYEE <input type="checkbox"/> NON U.S. CITIZEN		

I request a waiver of the EFT payment requirement for the following reason(s):

**INDIVIDUALS AND SOLE PROPRIETORS ONLY**

- Condition 1 - It presents an unreasonable hardship due to physical or mental disability; geographic, language or literacy barrier; or financial impediment.

**ALL VENDORS, SOLE PROPRIETORS AND INDIVIDUALS**

- Condition 2 - The political, financial, or communications infrastructure in a foreign country (e.g., geographical territories outside of the United States and Puerto Rico) does not support payment by EFT.
- Condition 3 - Residence and duty station is designated as a disaster area. (This waiver is limited to payments made within 120 days after the disaster is declared.)
- Condition 4 - Payment by EFT is not possible or does not support the objectives of military operations, including contingency/emergency operations or civil emergencies.
- Condition 5 - Payment by EFT may pose a threat to national security, the life, or physical safety of an individual may be endangered, or a law enforcement action may be compromised.
- Condition 6 - The cost for making a payment by EFT exceeds the cost of making the payment by check and the recipient expects to receive a single, non-recurring payment within a one-year period.
- Condition 7 - Payment must be made by a method other than EFT where there is only one source or an agency's need for goods and services is of such unusual and compelling urgency and the Federal Government would be seriously injured.

<b>Payee/Requester</b>  _____ Signature ( <i>Sign in ink</i> )                      Date	<b>For Office Use Only:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <b>Effective Date</b> _____
	_____ Signature of Obligations Branch Manager    Date ( <i>Sign in ink</i> )

**RETURN TO:**  
 Department of Homeland Security  
 ICE-OCFO-OFM-FSC-D  
 Attention: Deputy Division Chief Dallas Finance Center (DFC)  
 1605 LBJ Freeway, Suite 300  
 Farmers Branch, TX 75234  
 Email: [VendorMaintenance.DFC@ice.dhs.gov](mailto:VendorMaintenance.DFC@ice.dhs.gov)

## Privacy Notice

**Authority:** The Debt Collection Improvement Act (DCIA) (31 U.S.C. 3332), 31 CFR Part 208, and Federal Acquisition Regulation Subpart 32.11 authorize the collection of this information to permit the processing of Electronic Funds Transfer (EFT) waiver requests for individuals and vendors. Collection of your Social Security Number (SSN) is required by the U. S. Treasury Department in order to process federal payments to individuals and is authorized by 31 U.S.C. 3325(d) and 7701, and Executive Order 9397.

**Purpose:** You are requesting an exemption and waiver from the EFT requirements of the DCIA.

**Routine Uses:** For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015, 5 U.S.C. § 552a note, your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the DHS/ALL-007 Accounts Payable System of Records Notice (SORN), DHS/ALL-008 Accounts Receivable SORN, and DHS/ALL-019 Payroll, Personnel, and Time and Attendance Records SORN, which can be viewed at [www.dhs.gov/privacy](http://www.dhs.gov/privacy).

For all others, as appropriate under United States law and U.S. Department of Homeland Security (DHS) policy, your information and the information you provide may be shared internally within DHS and with personnel and contractors or other agents who handle the processing of financial payments and EFT waivers. DHS may share this information with the U.S. Treasury Department or other agencies as needed to facilitate the issuance of federal payments. DHS may also share this information with the U.S. Justice Department and other Federal and State agencies for collection, enforcement, investigatory, or litigation purposes, or as otherwise authorized.

**Disclosure:** Furnishing this information is voluntary; however, failure to provide it may result in the denial of the EFT waiver request.

## Public Reporting Burden

The U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed, and complete and review this collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions, for reducing this burden to: U.S. Immigration and Customs Enforcement, 1605 LBJ Freeway, Suite 300, Farmers Branch, TX 75234. OMB No. 1653-0043.