



For internal use only

**FELLOWSHIP STIPEND PAYMENT  
ENROLLMENT FORM**

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**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. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**EPA INFORMATION**

FEDERAL PROGRAM AGENCY U.S. ENVIRONMENTAL PROTECTION AGENCY		
AGENCY IDENTIFIER: LVFC		AGENCY LOCATION CODE (ALC): 68128933
ADDRESS: LAS VEGAS FINANCE CENTER, 4220 S. MARYLAND PARKWAY, BLDG C, ROOM 503 LAS VEGAS, NV 89119		
CONTRACT PERSON NAME: LUIS E RIVERA    EMAIL: <a href="mailto:Rivera.LuisE@EPA.GOV">Rivera.LuisE@EPA.GOV</a>		TELEPHONE NUMBER (702) 798-2495
ADDITIONAL INFORMATION <b>FAX NUMBER (702) 798-2423</b>		

**FELLOW'S INFORMATION**

NAME	SOCIAL SECURITY NUMBER
ASSISTANCE ID/FELLOWSHIP NUMBER	
ADDRESS	
CONTACT PERSON EMAIL ADDRESS:	TELEPHONE NUMBER: (    )

**FELLOW'S BANK INFORMATION (STIPEND WILL BE SENT TO YOUR BANK BY EFT)**

BANK NAME:	
BANK ADDRESS:	
NINE-DIGIT ROUTING TRANSIT NUMBER:	
NAME ON ACCOUNT:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
FELLOW'S AUTHORIZING SIGNATURE:	TELEPHONE NUMBER: (    )

**NOTE: The intention of this form is to establish Direct Deposit for Stipends payable to Fellowship recipients. This is not a mandatory requirement but highly recommended. If you don't have a bank account - DO NOT FILL OUT THIS FORM, instead your Stipend will be forwarded by check via mail.**

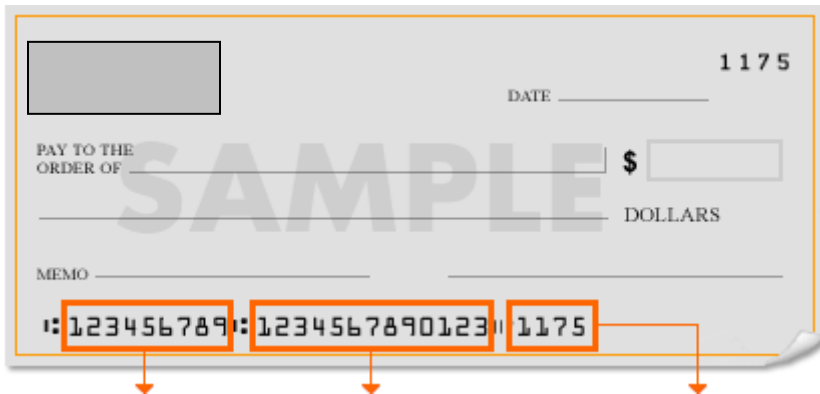
**Instructions for the Fellowship Stipend Payment Enrollment Form:**

Under FELLOW'S INFORMATION:

- Enter your name
- Enter your Social Security Number
- Enter your Assistance ID/Fellowship Number (it usually starts with U, FP or MA, located on the top center of your Fellowship Agreement)
- Enter your mailing address
- Enter your email address
- Enter your telephone number

Under FELLOW'S BANK INFORMATION:

- Enter your banking institutions name
- Enter your banking institutions complete address (local bank address only)
- Enter your nine-digit routing number (see illustration)
- Enter the name the account is under (your name or parents, etc.)
- Enter your bank account number (see illustration)
- Enter what type of account (Checking or Savings)
- Enter signature and telephone number



Routing Number

Acct Number

Do not use

(Do not use the numbers from a deposit slip)

The public reporting and recordkeeping burden for this collection of information is estimated to average 30 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.