

EFT AUTHORIZATION

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Complete this form to authorize payment of user fees directly from your bank account. Limit your responses to the number of characters, including spaces and punctuation, specified in parentheses for each field.

OMB # 0915-0126 expiration date 05/31/16

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 5 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

ACCOUNT INFORMATION

Bank Routing Number (9 digits):

Bank Account Number (max 17 digits):

Bank Account Type:

- Checking
 Savings

Bank routing information can be found on your check. See picture below.



NAME ADDRESS CITY STATE ZIP 0123 0123456789

DATE

PAID TO THE ORDER OF \$

DOLLARS

BANK NAME ADDRESS CITY STATE ZIP

FOR

100123456789 012345678901234 0123

9-Digit Routing Number Bank Account Number

CERTIFICATION

Name of Certifying Official:

Title of Certifying Official:

Telephone:

 Ext.

Certification Date (MMDDYYYY):

[Submit to Data Bank](#)

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