



**NATIONAL CREDIT UNION ADMINISTRATION
External Training – Stipend Reimbursement Request**

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER PAYMENTS

In accordance with the Debt Collection Improvement Act of 1996 (Public Law 104-134), the National Credit Union Administration (NCUA) must make payments to credit unions by Electronic Funds Transfer (EFT).

PART I (A & B) —REQUIRED (To Initiate Electronic Funds Transfer Payments To The Payee From NCUA).

Credit Union (CU) Name:

CU Charter #

Workshop Location:

Event Date:

Payee's Name¹:

Tax Payer Identification(EIN) or Social Security #:

Address:

Email:

Phone#

Financial Institution Name (of the Payee):

9 Digit Routing & Transit No. (RTN):

Payees Account No:

For ACH transactions, Treasury requires NCUA to use only a checking transaction code with account numbers at least 4 digits in length, and only contain numbers, spaces, or dashes (no decimals). **Please verify with your institution the correct R PART II—REQUIRED**

PART II—REQUIRED

I authorize NCUA to initiate electronic funds transfer payments to the within named payee. This authorization replaces all previous authorizations and remains in full force and effect unless NCUA receives a new authorization, 60 days prior to the next established payment date.

Signature:

Date:

Name of Authorized Representative:²

Title:

Please complete and return to: National Credit Union Administration, Office of Small Credit Union Initiatives By Email to: OSCUIPurchasing@NCUA.GOV

Please keep a copy for your records.

OMB No. 3133-0135

¹ If the payee is a credit union, enter the credit union name.

² Authorized official of the named Credit Union.

PART III—REQUIRED

Description of the Expense	Expense Amount	Comments	Receipts
Example: Airfare	\$200.00	From Wash DC to Albany NY	Yes
Enter # of Miles <input type="text"/> * 0.57	\$ 0.00		NO
Enter Rate:			YES
Enter Airfare			YES
Enter Taxi costs			YES
Enter total Meal costs			YES
Other: <input type="text"/>			
Other: <input type="text"/>			
Total Amount	\$ 0.00		

- All expenses for which reimbursement is requested should be listed. Meals are not reimbursable expenses.
- * Requires receipts reflecting the amount for all expenses with the exception of mileage.

PART IV - To be completed by OSCUI Staff Only

OSCUI Expense Allocation

General Ledger#	General Ledger Name	Comments	Amounts			

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____