Request for Recurring Electronic Payments

FS Form 000122
OMB No. 1530-XXXX

ATTENTION: Accounts Receivable Section (ARS)

(Name Change!Address Change if different from letter)

Account Type *(Circle one):*

Personal Checking Account
Personal Savings Account
Business Checking Account
Business Savings Account

Account Number (My Checking or Savings Account Number - from account type indicated above)

Routing Number *(If you are unsure of routing number, contact your financial institution for information)*

Financial Institution Name

Invoice #	Balance Due	Payment Amount	Frequency of Payment
			Monthly (Deducted by 15th of each month)

Phone Number(s) *(Daytime Number Preferred)*

E-Mail Address/Would you like a confirmation E-mail of this request? Yes No

I understand my first electronic payment will begin the month after this information is received by the Bureau of the Fiscal Service, and my electronic payments will continue until my invoice(s) is paid in full.

My Signature Date

Comments:----------

Note: All information must be complete in order to process your request for recurring electronic payments.

Notice Under the Paperwork Reduction Act:
We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to correct address shown in “Where to send” in the Instructions.