

# CBS INDIVIDUAL PAYMENT PROFILE FORM



**THE INFORMATION RECORDED ON THIS FORM WILL BE CONSIDERED  
PRIVACY INFORMATION FOR FINANCE USE ONLY.**

Reason for completing form:

New Registration     Change to Existing Information     Obtain a Vendor Number for Travel Manager

What type of Payee are you (select one):

NOAA/BIS Employee (EFT to other than NFC payroll bank account)     Invitational Traveler  
 NOAA Corps Employee     Individual/Contractor  
 Federal Employee (Other than NOAA/BXA/NOAA Corps)     Foreign Trainee  
Specify Agency: \_\_\_\_\_     New/Prospective NOAA/BIS Employee

## Name and Home Mailing Address:

Name \_\_\_\_\_  
Address line 1 \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Internet E-Mail Address (If Applicable) \_\_\_\_\_

What is your Taxpayer Identification Number (TIN)? We are **required by law to obtain a Taxpayer Identification Number** when making a reportable payment to you. If you fail or refuse to provide us with this information, your payments may result in a 31% federal income tax withholding.

Social Security Number: \_\_\_\_\_

The Debt Collection Improvement Act of 1996, effective July 26, 1996, **mandates** the use of Electronic Funds Transfer (EFT) for all Federal payments to recipients who become eligible to receive such payments. Federal agencies must grant waivers for this mandate to recipients who **certify in writing** that they do not have an account with a financial institution. Please select one of the following payment methods:

EFT (Automated Clearing House Payments (ACH))     Check (**must submit waiver in writing**)

Please provide the following financial information for EFT payments.  
(The ACH Coordinator at your financial institution can supply you with this information)

Bank Name \_\_\_\_\_  
Bank Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nine Digit Routing/Transit Number (ABA#) \_\_\_\_\_

Type of Account: (select one)

Checking    Account Number \_\_\_\_\_  
 Savings    Account Number \_\_\_\_\_  
 Lockbox    Account Number \_\_\_\_\_

Certification - Under penalties of perjury, I certify that the information which I have provided on this form is correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Bureau Contact Name \_\_\_\_\_

*Jacqueline Summers* Phone *(831) 645-2708*