

ELECTRONIC DEBIT ACCOUNT AUTHORIZATION FORM

To enroll for electronic debit, please complete this form and mail to:

**USDA, National Finance Center
DPRS Billing Unit
P.O. Box 61760
New Orleans, LA 70161-1760**

ENROLLEE'S INFORMATION

NAME (First, Middle, Last)		ENROLLEE'S SOCIAL SECURITY NUMBER
STREET ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP CODE

ACCOUNT INFORMATION

BANK NAME		BANK TELEPHONE NUMBER (Area Code and Number)
BANK ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT HOLDER'S NAME

TYPE OF ACCOUNT (Check one)

☐

CHECKING ACCOUNT

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SAVINGS ACCOUNT

AUTHORIZATION

I hereby authorize the National Finance Center/DPRS Billing Unit to initiate a deduction from my account and the financial institution named above to debit such account. I understand I will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I also understand that I have the right to stop automatic payment by notifying my financial institution in writing 3 days prior to the time my account is charged.

SIGNATURE	DATE
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Paperwork Reduction Act and Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on the form is required under various provisions of title 15 U.S.C. 1601, 12 CFR 205 and 31 CFR 202, for the purpose of providing authority to the Department of Treasury to designate financial institutions to collect payments, by electronic means, from your account. The information will be used for identification with the records of the government agency and the financial institution to direct your payments to the point you authorize. No deduction may be made unless a signed authorization form is received. Failure to furnish this information may delay or prevent the collection of these payments through the Automated Clearing House System.