

**U.S. DEPARTMENT OF AGRICULTURE
OFFICE OF THE CHIEF FINANCIAL OFFICER
MILITARY SERVICE DEPOSIT PAYMENT AUTHORIZATION**

SECTION 1. ACH DEBIT PAYMENT

ACCOUNT HOLDER (<i>Full Name</i>)	ACCOUNT TYPE <input type="checkbox"/> PERSONAL <input type="checkbox"/> CHECKING <input type="checkbox"/> BUSINESS <input type="checkbox"/> SAVINGS
FINANCIAL INSTITUTION ROUTING NUMBER (<i>9 Digits</i>)	FINANCIAL INSTITUTION ACCOUNT NUMBER

SECTION 2. DEBIT/CREDIT CARD PAYMENT

NAME (<i>As it appears on card</i>)	CARD NUMBER	EXPIRATION DATE (<i>MM/YY</i>)		
BILLING ADDRESS LINE 1	BILLING ADDRESS LINE 2	CITY	STATE/PROVINCE	ZIP CODE (<i>5 Digits</i>)
SIGNATURE			DATE	