**NATIONAL INTERAGENCY FIRE CENTER**

**CASUAL PAYMENT CENTER**

**3833 S DEVELOPMENT AVE, BOISE, ID 83705-5354**

**PHONE: 877-471-2262 FAX: 208-433-6405**

**EMAIL: CASUALPAY@BLM.GOV**

**ADDRESS CHANGE FORM WITH EFT WAIVER**

**Check one:** **BIA**  **BLM** **FWS  NPS**

**NAME:** **SSN:**

………………………………………………………………………………………………………………………

**Complete the appropriate section(s) to change your payment and/or correspondence destination.**

**1. DESTINATION OF PAYMENT:**

To change your destination of payment *ONLY*, choose either Direct Deposit ***OR*** Treasury Check. ***DO NOT*** fill in both destinations.

**DIRECT DEPOSIT MAILING ADDRESS FOR TREASURY CHECK**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE OF ACCOUNT:  Checking  Savings | | | | | | | | |  | ***\*This WILL remove any direct deposit account currently in our system.*** | | |
| 9-DIGIT ROUTING NUMBER | | | | | | | | | ***OR*** | ADDRESS: | | |
|  |  |  |  |  |  |  |  |  |  | | |
| ACCOUNT NUMBER: | | | | | | | | |  | CITY | STATE | ZIP |

**IF MAILING ADDRESS IS COMPLETED ABOVE, AN *EFT WAIVER REQUEST* IS REQUIRED.**

According to 31 CFR Part 208.4 you may apply for a waiver if either of the following conditions exists **(please indicate which condition applies to you by checking the appropriate box. You may check more than one):**

1. “Electronic funds transfer would impose a hardship because of the individual's inability to manage an account at a financial institution due to a mental impairment,” **or**
2. “Electronic funds transfer would impose a hardship because of the individual's inability to manage an account at a financial institution due to the individual living in a remote geographic location lacking the infrastructure to support electronic financial transactions.”

This waiver will remain in effect for the current calendar year only. Payments will be sent by paper check to the current mailing address on file. To make changes to your mailing address, complete and send a W-4 or Address Change Form.

**2. DESTINATION OF CORRESPONDENCE:**

To change your destination of correspondence *ONLY* - (e.g. Wage and Earnings Statements as well as W-2).

|  |  |  |
| --- | --- | --- |
| ADDRESS: | | |
|  |  |  |
| CITY STATE ZIP | | |

……………………………………………………………………………………………………………………….

**SIGNATURE:**  **Date:**  **PHONE #:**