

**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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>OR</b>	*This WILL remove any direct deposit account currently in our system.									
9-DIGIT ROUTING NUMBER		ADDRESS:									
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
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):

- A)  "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**
- B)  "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 #: \_\_\_\_\_

Privacy Act Statement: Information on this form is collected under the authority of the Administratively Determined (AD) Pay Plan. Information collected via this form is covered by the Privacy Act of 1974 and Privacy Act System of Records Notice DOI-85. The primary use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain additional information to update your record, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 USC 552a and for uses described in System of Records Notices DOI-85. Submission of the information in this form is voluntary; however, requests will not be completed without the information needed to process the request.

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