

NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
 CASUAL PAYMENT CENTER MS 270
 3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
 EMAIL: CASUALPAY@BLM.GOV
 PHONE: 877-471-2262 FAX: 208-433-6405

INQUIRY

Rejected EFT Form

Casual Name	Pay date	
SSN	Net Amount	
Department/Bureau	Telephone	()

BANK COMPLETES THIS PORTION

<input type="checkbox"/> Account closed	<input type="checkbox"/> Account number invalid	<input type="checkbox"/> Charge off
Date sent to Treasury		<input type="checkbox"/> Overdraft
Tracer Number		<input type="checkbox"/> Delinquent Loan Payment
The ACH Department at your financial institution will have a tracer number to track the rejected EFT back to Treasury. The tracer number will speed up tracking and reissuing.		<input type="checkbox"/> Other (specify)
Financial Institution		
Address		
Telephone	() -	
Routing No		
Account		
Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Rep's Name		
Signature	Date	

CASUAL COMPLETES THIS PORTION

RE-ISSUE AS AN EFT TO: -OR- RE-ISSUE AS A TREASURY CHECK TO:

Routing No		Address
Account		
Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<div style="display: flex; justify-content: space-between;"> City State Zip </div>

Casual Signature _____ **Date:** _____

I authorize my financial institution to release the above information.

-----OFFICE USE ONLY-----

Casual Pay Specialist Signature _____ **Date:** _____

(Authorizing reissue, do not sign until form is complete & accurate)

POD Signature: _____ **Date:** _____

POD Signature: _____ **Date:** _____

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