## NATIONAL INTERAGENCY FIRE CENTER CASUAL PAYMENT CENTER

CASUAL PAYMENT CENTER MS 270
3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
PHONE: 877-471-2262 FAX: 208-433-6405

Rejected EFT Form						
Casual Name		Pay date				
SSN		Net Amount				

	SSN				Net Amount		
Department/Bu	ıreau				Telephone	( )	
BANK COMPLET	TES T	HIS PORTIC	)N	·			
Account close		Account number invalid			☐ Charge off		
Date sent to Tres	asury				Overdraft		
	Tracer Number			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.				☐ Other (specify)			
Financial Institu	ution						
Ado	dress						
Telep	hone	( )	-				
Routing Nu	mber						
Acc	ount						
F	Гуре	Checkin	g 🗌 Savings				
Bank Rep's N	lame						
Signa	ature	Date					
		C THUC DOD					
CASUAL COMPI ☐ RE-ISSUE AS			-OR-	□ RE-ISSUE AS	S A TREASUR	<b>Y CHECK TO:</b>	
	111 ( 12	11101		Address	<u> </u>	1 CHECK 10.	
Routing Number							
Account							
Туре	П	Checking	☐ Savings	City		State Zip	
71		8					
Casual Signature				Date:			
I authorize my finai	ncial ii	nstitution to re	elease the above info	rmation.			
			OFFICI	ELICE ONLV			
				E USE ONLY			
Casual Pay Specialist Signature			Date:				
POD Signature:				Date:			

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.

Revised 01/2022

Date:

POD Signature: \_