

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	
Department/Bureau		Telephone	()

BANK COMPLETES THIS PORTION

<input type="checkbox"/> Account closed	<input type="checkbox"/> Account number invalid	<input type="checkbox"/> Charge off <input type="checkbox"/> Overdraft <input type="checkbox"/> Delinquent Loan Payment <input type="checkbox"/> Other (specify)
Date sent to Treasury		
Tracer Number		
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.		
Financial Institution		
Address		
Telephone	() -	
Routing Number		
Account		
Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Rep's Name		
Signature		Date

CASUAL COMPLETES THIS PORTION

<input type="checkbox"/> RE-ISSUE AS AN EFT TO:	-OR-	<input type="checkbox"/> RE-ISSUE AS A TREASURY CHECK TO:
Routing Number		Address
Account		
Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	City State Zip

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:** _____