U.S. Embassy Sana'a Electronic Funds Transfer (EFT) FORM

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to proved entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Electronic Funds Transfer Program.

CANCELLATION

This agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Electronic Funds Transfer will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Electronic Funds Transfer. To effect this change, the payee will complete a new Electronic Funds Transfer form for the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e., after the new financial institution receives the payee's Electronic Funds Transfer.

FALSE STATEMENTS OR FRADULENT CLAIMS

Federal law provides a fine of not more than $10,000 or imprisonment for not more than five (5) years or both for presenting a false statement of making a fraudulent claim.

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form, I authorize that my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Section 2 (TO BE COMPLETED BY U.S. EMBASSY SANA'A)

GOVERNMENT AGENCY NAME: GOVERNMENT AGENCY ADDRESS:

U.S. Embassy Sana'a

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Section 1 (TO BE COMPLETED BY PAYEE)

A. NAME OF PAYEE (last, first, middle initial): _____

ADDRESS (Street, route, P.O. Box APO/FPO): _____

CITY: _____

TELEPHONE NUMBER WITH AREA CODE: _____

B. NAME OF COMPANY ENTITLED TO PAYMENT: _____

C. NAME PAYMENT SHOULD BE MADE TO: _____

_____

E. TYPE OF DEPOSITOR ACCOUNT: ___ CHECKING ___SAVINGS

F. DEPOSITOR ACCOUNT NUMBER: _____

G. SWIFT CODE: _____