# DIRECT DEPOSIT AUTHORIZATION

*(Please read Instructions on back before completing this form.)*

*Form Approved*
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The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0004), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS OF THE AGENCY WHICH PROVIDED THIS FORM.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 31 C.F.R. Part 209, Department of the Treasury Financial Manual, Bulletin No. 95-07, E.O. 9397, DoD "Financial Management Regulation", Volume 5.

**PRINCIPAL PURPOSES:** This form authorizes direct deposits of net payments, travel payments, and allotments to financial institutions to which payment is to be directed.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

## SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION

| 1. NAME OF EMPLOYEE/MEMBER/ANNUITANT *(Last, First, Middle)* | 2. ORGANIZATION |
|---|---|
| | |

**3. HOME ADDRESS OF EMPLOYEE/MEMBER/ANNUITANT** *(Street, Apartment Number, City, State, ZIP Code)*

| 4. SOCIAL SECURITY NUMBER | 5. WORK TELEPHONE NUMBER *(Include Area Code)* | 6. HOME TELEPHONE NUMBER *(Include Area Code)* |
|---|---|---|
| | | |

## SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

**7. TYPE OF ACCOUNT** *(X as appropriate)*

- [ ] CHECKING
- [ ] SAVINGS

**8. TYPE OF PAYMENT** *(X only one)*

- [ ] NET PAY
- [ ] TRAVEL
- [ ] ALLOTMENTS
- [ ] OTHER PAYMENTS *(Specify)* _____

**9. FOR ALLOTMENT ONLY** *(X as appropriate) (Employees only)*

- [ ] START
- [ ] CHANGE
- [ ] CANCEL

**10. NEW ALLOTMENT AMOUNT**
$

**NOTE:** When applicable, a voided personal check/share draft must be attached. If a voided personal check/share draft is not attached, items 11 through 14 must be completed.

| 11. ROUTING TRANSIT NUMBER (RTN) *(9 digits)* | 12. ACCOUNT NUMBER |
|---|---|
| | |

**13. ACCOUNT TITLE** *(See Instructions)*

**14. FINANCIAL INSTITUTION**

| a. NAME | b. TELEPHONE NUMBER *(Include Area Code)* |
|---|---|
| | |

**c. ADDRESS** *(Street, Suite Number, City, State, ZIP Code)*

## SECTION III - AUTHORIZATION

| 15. EMPLOYEE/MEMBER/ANNUITANT SIGNATURE | 16. DATE |
|---|---|
| | |

# INSTRUCTIONS FOR PREPARING DD FORM 2762

## PURPOSE

You may use this form to provide instructions for processing your net pay, travel payments, or allotments (including third-party allotments). This form is NOT intended for court-ordered garnishments or tax levies.

Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

A separate form must be completed for each type of payment to be sent by Direct Deposit.

NOTE: Continue to use the ACH Vendor/ Miscellaneous Payment Enrollment Form (SF 3881) to process vendor payments.

## SECTION I - EMPLOYEE/MEMBER/ANNUITANT INFORMATION (Items 1 - 6)

You must complete Items 1 through 6 after carefully reading the instructions and the Privacy Act Statement.

You must keep the agency informed of any address change to remain qualified for payment.

**Item 2 - Organization.** The name of the Department, Activity, and Office Code you are employed/assigned.

## SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

**Item 7 - Type of Account.** Place an "X" in the appropriate box to indicate if you want your payment to be sent to a checking or savings account.

**Item 8 - Type of Payment.** Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

**Item 9 - For Allotment Only.** Place an "X" in the appropriate box to indicate if you want to start, change, or cancel an allotment.

**Item 11 - Routing Transit Number (RTN).** This is the financial institution's nine-digit RTN to which payment is to be directed. If depositing to a check/share draft account, enter the number printed on the lower left hand corner of your personal check/share draft.
NOTE: If the check/share draft includes "Payable Through" under the bank name, on your personal check/share draft, contact the financial institution to obtain the correct RTN for Direct Deposit.

**Item 12 - Account Number.** The account number (can be less than 17 digits) to which payment is to be directed. If depositing to a check/share draft account, this number is usually located at the bottom of your personal check/share draft following the RTN. NOTE: Do NOT include the check number which is usually located at the top left hand corner or top middle of your personal check/share draft, following account number.

**Item 13 - Account Title.** The name on the account at the financial institution to which payment is to be directed. If depositing to a check/share draft account, the name is usually located at the top left hand corner or top middle of your personal check/share draft.

**Item 14 - Financial Institution.** The name, address, and telephone number of the institution to which payment is to be directed. NOTE: If a copy of a voided personal check/share draft is attached, Items 11 through 14c are not required to be completed.

## SECTION III - AUTHORIZATION

**Items 15 and 16 - Signature and Date.** You must sign and date this form before the authorization can be processed.

## FOR CHANGES:

You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. If you are changing the financial institution to which payment is to be directed, we recommend that the accounts be maintained at both financial institutions until the new institution received your Direct Deposit payment.

## FOR CANCELLATIONS:

This authorization will remain in effect until you cancel by providing a written notice to the DoD agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.