

**CHAPEL TITHES AND OFFERING FUND (CTOF) ELECTRONIC FUNDS TRANSFER (EFT)**

*AUTHORITY: 26 U.S.C. Section 6109. PRINCIPAL PURPOSES: The information provided on this form is used for identification purposes to effect electronic funds transfers from USAF Chapel Tithes and Offering Fund to individual's bank account. ROUTINE USES: The information on this form may be disclosed as generally permitted under 26 U.S.C. Section 6109. It will be disclosed to the banking institution processing the electronic funds DISCLOSURE: Voluntary; however, failure to provide this information may result in a delay in payment.*

1. ACTION REQUESTED <i>(Check Only One)</i> <input type="checkbox"/> Start EFT <input type="checkbox"/> Modify <input type="checkbox"/> Stop	2. PAYMENT TYPES <i>(Check all that apply)</i> <input type="checkbox"/> Taxable Payments <i>(e.g., Contracts)</i> <input type="checkbox"/> Non-Taxable Payments <i>(e.g., Reimbursements)</i>
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3. BENEFICIARY'S NAME *(Last, First, Middle Initial or Company Name)*

4. Did you PCS from another location serviced by the CCAC? If yes, what base?

**5. FOR PAYMENTS TO U.S. BANKS**

a. NAME OF BANK	b. ADDRESS		
c. ROUTING NUMBER	d. ACCOUNT NUMBER	e. TYPE OF ACCT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

**6. FOR PAYMENTS TO NON-U.S. BANKS**

*(All Items are Required to Process FX Payments)*

a. IBAN	b. SWIFT/BIC	c. Sort Code <i>(UK Banks Only)</i>
d. Bank Name	e. Bank Address	
f. Account Number	g. Beneficiary's Telephone Number	
h. Intermediary Bank IBAN <i>(If applicable)</i>	i. Intermediary Bank SWIFT/BIC <i>(If applicable)</i>	j. Type of Currency

7. Remarks

***I authorize the Chaplain Corps Accounting Center to perform electronic transfers to my bank account as indicated.***

8. BENEFICIARY'S SIGNATURE	DATE SUBMITTED
9. NAME OF ACCOUNT MANAGER <i>(Last, First, Middle Initial)</i>	SIGNATURE OF ACCOUNT MANAGER
	DATE SIGNED