

NSTec		12/09/16
Form	ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT	Rev. 04
FRM-0870		Page 1 of 2

This form is used for Accounts Payable EFT with an addendum record that contains payment-related information. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

The following information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

PAYEE/COMPANY INFORMATION

START EFT CHANGE OF INFORMATION CANCEL EFT ADDITIONAL REMIT SITE REPLACE EXISTING REMIT SITES

NAME:	<input type="checkbox"/> SSN OR <input type="checkbox"/> FEDERAL TAX ID NO.
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PAYMENT REMIT TO ADDRESS:

CITY:	STATE:	ZIP CODE:
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CONTACT PERSON NAME:	TELEPHONE NUMBER: ()
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CONTACT PERSON'S E-MAIL ADDRESS:	FAX NUMBER: ()
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I hereby authorize National Security Technologies, LLC (NSTec), to initiate credit entries to the account at the bank listed below for all payments. This agreement will remain in effect until I notify NSTec of the desire to cancel or change this service or until NSTec notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed below to accept any credit entries by NSTec to such account and to credit the same to such account. NSTec will not debit or deduct funds directly from my bank account for overpayments and/or refund requests, but NSTec will seek permission to debit my bank account for any adjustments or corrections to resolve duplicate payments (where "duplicate" is defined as NSTec sending multiple identical payments in error) or erroneous payments due to a bank account setup error. NSTec will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law and with prior contact to me. If an electronic debit is unsuccessful, NSTec will notify me in writing to reach an alternative arrangement for reimbursement. NSTec strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Authorization for EFT payments.

PAYEE/COMPANY CHECKING ACCOUNT NUMBER:

PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER: ()
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SIGNATURE OF AUTHORIZED OFFICIAL:

Be aware that follow-up by an NSTec representative may occur to ensure accuracy of banking information.

BANK NAME:

CITY:	STATE:	ZIP CODE:
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NAME ON ACCOUNT:

BANK NINE-DIGIT ROUTING TRANSIT NUMBER:

Please return form to: National Security Technologies, LLC, PO Box 98521, Las Vegas, NV 89193-8521
SupplierMaintenance@nv.doe.gov

**ELECTRONIC FUNDS TRANSFER (EFT)
ENROLLMENT INSTRUCTION LETTER**



FD00-FN-16-1099

September 6, 2016

Subject: **CHANGE OF INFORMATION REQUEST/ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM**

Dear Vendor,

Whether you wish to make changes to your recorded company information or have chosen EFT as your preferred method of receiving payment, we appreciate you taking the time to ensure that our records are current. We ask that you fill out the following form with the information you wish to update.

To ensure that your payment is processed in a timely manner, we request that the attached form be filled out *completely* and *legibly* and returned to:

National Security Technologies, LLC
PO Box 98521
M/S NLV026
Las Vegas, NV 89193-8521
SupplierMaintenance@nv.doe.gov

If your changes concern company information, please pay particular attention to the following:

1. Are you making changes to your company name, contact information, adding, or replacing remittance addresses?
2. Tax ID and all telephone/fax numbers must be filled out.
3. Contact person's name and e-mail address must be included.
4. Authorized Official's name and title must be stated along with his/her signature.

If your changes concern EFT Enrollment, please pay additional attention to the following:

1. Are you starting, changing or canceling the EFT?
2. Does the EFT remittance set-up replace any previous submitted remittance information?
3. Enclose a preprinted voided check.
4. Address on the enrollment form must match your enclosed voided check.
5. Tax ID and all telephone/fax numbers must be filled out.
6. Contact person's *title* and *email address* must be included.
7. *Checking* account and *Routing* numbers must match your enclosed voided check.
8. Authorized Official's Title must be stated along with his/her signature.
9. If a voided check meeting the above requirements is not available; a letter from your Bank stating the banking information relative to your account is acceptable.

If the form is not completed with all the required information, it will be returned to you for completion, causing a delay in your EFT payments. Thanks in advance for your cooperation.

Lauren Deck
General Accounting, Supervisor

RJF:bm

Enclosure: as stated

cc: w/enc.
Correspondence Management
D. G. Belt-Campbell, NSTec
R. J. Finkley, NSTec

National Security Technologies, LLC

Vision • Service • Partnership

www.NSTec.com

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