

DFAS TEXARKANA/NAF Financial Services

Accounts Payable Branch

P. O. Box 6111

Texarkana, TX 75505-6111

EMAIL FORM TO: *dfas.rrad.jnb.mbx.dtx-vp1@mail.mil*

Please provide LEGIBLE banking information for us to process your payments by ACH transfer.

Where is your Bank located?

"Priority" is a level of payment, not level of importance.

A. In Germany. _____ (Priority 2)

B. Any Other Country. _____ (Priority 3)

C. In the United States. _____ (Priority 4)

1. Name on Account: _____

2. Name of Bank: _____

3. Address of Bank: _____

<u>REQUIRED FOR ALL NON US BANK TRANSFERS</u>	
7. Swift Code (BIC):	_____
6. IBAN #:	_____

7. US Bank Account #: _____

8. US Bank Routing Code: _____

9. Checking Account _____ **Savings Account** _____

What Currency (Euro/US Dollar) would you like to be paid in? _____

Signature _____ **Date** _____

Email: _____

Upon verification of banking information and the service being set up with our banking institution, payments will be made by EFT.

Questions: Please Contact Vendor Control @ 903-334-3686 or SONDR.A.J.RUST.NAF@MAIL.MIL