

ELECTRONIC FUNDS TRANSFER WAIVER REQUEST FORM

Federal regulations 31 C.F.R. Part 208 and F.A.R. 32.11 give the Federal Government the authority to waive a vendor, sole proprietor, or individual from the Electronic Funds Transfer (EFT) requirements of the Debt Collection Improvement Act (DCIA) if they meet one or more of the seven conditions cited below. To request an EFT Waiver, please complete this form and submit it to Financial Service Center - Dallas (FSC-D) by mail or facsimile for approval.

Vendor/Individual Name:			
TIN (SSN, EIN, ITIN):			
Bank Acct, Credit Card or other Federal Acct No.			
Address:			
Point of Contact:			
Phone No.:		Facsimile No.:	
E-mail Address:			
Business Type:	<input type="checkbox"/> VENDOR-CORPORATION <input type="checkbox"/> VENDOR-PARTNERSHIP <input type="checkbox"/> VENDOR-SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL		
Employee Status:	<input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> NON-FEDERAL EMPLOYEE <input type="checkbox"/> NON U.S. CITIZEN		

I request a waiver of the EFT payment requirement for the following reason(s):

INDIVIDUALS AND SOLE PROPRIETORS ONLY

- Condition 1 - It presents an unreasonable hardship due to physical or mental disability; geographic, language or literacy barrier; or financial impediment.

ALL VENDORS, SOLE PROPRIETORS AND INDIVIDUALS

- Condition 2 - The political, financial, or communications infrastructure in a foreign country (e.g., geographical territories outside of the United States and Puerto Rico) does not support payment by EFT.
- Condition 3 - Residence and duty station is designated as a disaster area. (This waiver is limited to payments made within 120 days after the disaster is declared.)
- Condition 4 - Payment by EFT is not possible or does not support the objectives of military operations, including contingency/emergency operations or civil emergencies.
- Condition 5 - Payment by EFT may pose a threat to national security, the life, or physical safety of an individual may be endangered, or a law enforcement action may be compromised.
- Condition 6 - The cost for making a payment by EFT exceeds the cost of making the payment by check and the recipient expects to receive a single, non-recurring payment within a one-year period.
- Condition 7 - Payment must be made by a method other than EFT where there is only one source or an agency's need for goods and services is of such unusual and compelling urgency and the Federal Government would be seriously injured.

Payee/Requester _____ Signature (<i>Sign in ink</i>) Date	For Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Effective Date _____
	_____ Signature of Obligations Branch Manager Date (<i>Sign in ink</i>)

RETURN TO:

Department of Homeland Security
ICE-OCFO-OFM-FSC-D
Attention: Deputy Division Chief Dallas Finance Center (DFC)
1605 LBJ Freeway, Suite 300
Farmers Branch, TX 75234
Email: DallasMissionSupport.FSC@ice.dhs.gov

Privacy Statement

Authority and Purpose: The Debt Collection Improvement Act (31 U.S.C. § 3332), 31 C.F.R. Part 208, and Federal Acquisition Regulation Subpart 32.11 authorize the collection of this information to permit the processing of Electronic Funds Transfer (EFT) waiver requests for individuals and vendors. Collection of your Taxpayer Identification Number (TIN) or Social Security Number (SSN) is required by the U.S. Treasury Department in order to process federal payments to individuals and is authorized by 31 U.S.C. §§ 3325(d) and 7701, and Executive Order 9397.

Disclosure: Furnishing this information is voluntary; however, failure to provide it may result in the denial of the EFT waiver request.

Routine Uses: This information will be used by and disclosed to DHS personnel and contractors or other agents whose responsibilities include the processing of financial payments and EFT waivers. DHS may share this information with the U.S. Treasury Department or other agencies as needed to facilitate the issuance of federal payments. DHS may also share this information with the U.S. Justice Department and other Federal and State agencies for collection, enforcement, investigatory, or litigation purposes, or as otherwise authorized pursuant to its published Privacy Act system of records notice.

Public Reporting Burden.

The U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed, and complete and review this collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions, for reducing this burden to: U.S. Immigration and Customs Enforcement, Forms Management Office, 801 I Street NW, Stop-5800, Washington DC 20536-5800. OMB No. 1653-0043. **Do not mail your completed application to this address.**