FASTSTART DIRECT DEPOSIT

NSF FORM 1379

INSTRUCTIONS: This form is used for **Automated Clearing House (ACH)** payments with an addendum record that contains payment related information processed through the Vendor Express Program. Please type or print **All Fields** indicated below.

Return this completed form by FAX to 703-292-9006. If unable to FAX, call 703-292-4443 for Secure Email.
NOTE: If any information provided on this form changes, you must submit a new NSF Form 1379.

SECTION I: GENERAL INFORMATION — Must be filled by Program Office before distributing this form.

Vendor Type (select one)	IPA	Employee	Fellow*	Invitational	*Fellow iTRAK Authorization #

NSF Contact Name	NSF Contact Phone Extension

SECTION II: INDIVIDUAL INFORMATION

Last Name	First Name	Middle Name

Home Street Address

Apt/Unit #	City	State	Zip Code

Email Address	Social Security Number

SECTION III: BANK INFORMATION

Bank Name

Bank Address

Type of Account	Savings	Checking	IF this account is shared with another NSF payee (spouse, etc.), please provide person's name.

Routing Number (nine digits)	Account Number

SECTION IV: AUTHORIZATION

I hereby certify as to the accuracy of the information contained herein, and I understand that if this information is incorrect, payment could be delayed by a period of 30 to 90 days.

Sign and date this request form after you have carefully read the instructions and Privacy Act above.

Print Name	Signature	Date