**PLEASE CHECK ONE:**  **Invitational NSF CONTACT NAME:** **Joan Cole**

**IPA**

**Fellow EXT:** **4873**

**Employee**

**PLEASE TYPE OR PRINT**

|  |  |
| --- | --- |
| NATIONAL SCIENCE FOUNDATION **FASTSTART DIRECT DEPOSIT FORM** | |
| 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. | |
| PRIVACY ACT STATEMENT | |
| The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to individuals financial institution. **Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.** | |
| I. INDIVIDUAL INFORMATION | |
| Name:  First Middle Initial Last | Social Security Number:  -  - |
| Email Address :  Required for electronic payment notification  Home Address: | |
| II. BANKING INFORMATION | |
| Bank Name: | |
| Bank Address: | |
| **If your financial institution is a credit union or a mutual fund, please call your financial institution to verify “ACH routing and account number”.**  **Please attach a voided check to ensure banking information is correct (not a deposit slip as it may be different information).** | |
| **Nine** Digit Routing Transit Number:  Depositor Account Number: | |
| Type of Account:  Checking  Savings | |
| III. 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.  **Authorization – Sign and date this request form after you have carefully read the instructions and Privacy Act Statement.**  Signature Date | |
| RETURN COMPLETED FORM TO: National Science Foundation Phone Number: (703) 292-4443  DFM Accounts Payable Section FAX Number: (703) 292-9006  4201 Wilson Blvd., Stafford II, Rm. 605  Arlington, Virginia 22230 | |
| **NOTE: IF ANY INFORMATION PROVIDED ON THIS FORM CHANGES, YOU MUST SUBMIT A NEW NSF FORM 1379.** | |

NSF FORM 1379 (REVISED 06/01/2009)