DOI EFT Waiver Request Form v6.1

The Debt Collection Improvement Act of 1996 requires that all payments be made by electronic funds transfer (EFT) after January 1, 1999 (Modified March 2012). Waivers to this requirement may be granted under the conditions described below. Please mark the condition which applies and complete the information requested at the bottom.

Instructions:

Mark the condition which applies and complete all information fields at the bottom. Incomplete forms will be returned to the requestor for completion. Once complete, submit via an FBMS Help Desk Ticket.

EFT Waivers Certified by Individuals

As described below, individuals may request a waiver based on the following: (Agencies are not required to notify sole proprietors of their options with respect to waivers.)

Condition 1a ☐ Where an individual is receiving a Federal payment by check prior to May 1, 2011. In such cases, the individual may continue to receive those payments by check through February 28, 2013;

Condition 1b ☐ Where an individual files a claim for a Federal payment prior to May 1, 2011, and requests payment by check at the time he or she files the claim. In such cases, the individual may receive those payments by check through February 28, 2013;

Condition 1c ☐ Where an individual was born prior to May 1, 1921, and is receiving payment by check on March 1, 2013;

Condition 1d ☐ Where an individual receives a type of payment that is not eligible for deposit to a Direct Express® card account. In such cases, those payments are not required to be made by electronic funds transfer, unless and until such payments become eligible for deposit to a Direct Express® Card account;

Condition 1e ☐ Where an individual is ineligible for a Direct Express® card because of suspension or cancellation of the individual's card by the Financial Agent;

Condition 1f ☐ Where an individual has filed a waiver request with Treasury certifying that payment by electronic funds transfer would impose a hardship because of the individual's inability to manage an account at a financial institution or a Direct Express® card account due to a mental impairment, and Treasury has not rejected the request; or

Condition 1g ☐ Where an individual has filed a waiver request with Treasury certifying that payment by electronic funds transfer would impose a hardship because of the individual's inability to manage an account at a financial institution or a Direct Express® card account due to the individual living in a remote geographic location lacking the infrastructure to support electronic financial transactions, and Treasury has not rejected the request.

EFT Waiver Requests Involving Foreign Countries, Military Operations, or Public Safety

Condition 2 ☐ Where the political, financial, or communications infrastructure in a foreign country does not support payment by EFT or does not support access to the internet for electronic invoice submittal. **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring 2-years from approval date.**

Condition 3 ☐ Where a military operation is designated by the Secretary of Defense in which uniformed services undertake military actions against an enemy, or a call or order to, or retention on, active duty of members of the uniformed services is made during a war or national emergency declared by the President or Congress. **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring 2-years from approval date.**

Condition 4 ☐ Where a threat may be posed to national security, the life or physical safety of any individual may be endangered, or a law enforcement action may be compromised. **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring 2-years from approval date.**

EFT Waiver Requests involving Non-Recurring Payments or Public Expedience

Condition 5 ☐ Where the agency does not expect to make more than one payment to the same recipient within a 1-year period on a regular, recurring basis and remittance data explaining the purpose of the payment is not readily available from the recipient's financial institution receiving the payment by EFT (i.e., the payment is non-recurring, and the cost for making the payment by EFT exceeds the cost of making the payment by check). **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring at the end of the Purchase Order (PO) Period of Performance (POP) noted in the award detail section or, if no PO will be created, at the end of the payment period; not exceed 1-year after approval date.**

EFT Waiver Requests involving Natural Disasters and Compelling Urgency

Condition 6 ☐ Where the payment is to a recipient within an area designated by the President or an authorized agency administrator as a disaster area (this waiver is limited to payments made within 120 days after the disaster is declared). **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring at the end of the PO POP noted in the award detail section or, if no PO will be created, at the end of the payment period.**

Condition 7 ☐ Where DOI's need for goods and services is of such an unusual and compelling urgency that the Government would be seriously injured unless payment is made by a method other than EFT or where there is only one source for goods or services and the Government would be seriously injured unless payment is made by a method other than EFT. **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring at the end of the PO POP noted in the award detail section or, if no PO will be created, at the end of the payment period.**

Requestor must complete all fields in this section:

Explanation of Waiver Request (Explain how the condition marked was met)

Vendor Detail

Vendor Name (As shown in FBMS):

Vendor Address:

DUNS: **Vendor Number:**

New/Current/In-Progress Award Detail – Required for all PO-related EFT Waiver Requests

PO ☐ **will/has** ☐ **will/has not be awarded.**

Award # (If awarded): **Award Contracting Officer:**

Award or Payment Total Dollar Value: **Award Type:**

Award Description:

Award Period of Performance or Payment Dates:

Requestor Information

Bureau: **Title:** **Name:**

Phone Number: **Email:** **Date:**

To be completed by the DOI PFM/PAM office:

Action: Approved ☐ Rejected ☐ **Waiver Expiration Date:**

Title: **Name:**

Signature: **Date:**

Rejection Explanation: