

WAIVER REQUEST FORM – ACH PAYMENTS

COMPANY NAME _____

DATE _____

COMPANY ADDRESS _____

CITY, STATE, ZIP _____

We, the above listed Vendor, request a waiver, as provided for in the Debt Collection Act of 1996, from the mandatory requirement to receive all payments due our company from your agency by Automatic Clearing House (**ACH**) which is an Electronic Funds Transfer (EFT). The special circumstances that prohibit our receiving electronic payments is as follows:

Signature: _____

Printed Name of Requestor: _____

POC's Official Company Title: _____

This form must be completed, signed and returned to:

Morale, Welfare and Recreation Department

(enter your appropriate street address)

(city, state and zip code)

For Internal Use Only

Approving Signature: _____

Date: _____

Printed Name of Approving Official _____

Title: _____

This approved waiver form must be kept on file in the Navy MWR accounting office

All ITT Vendors must also fax a copy to CNIC (901) 874-6838 or e-mail to ITT Program Manager