

Electronic Funds Transfer Application

MISSOURI UNIVERSAL SERVICE FUND



SECTION 1: COMPANY INFORMATION

All companies complete this information.

Submission Date	
Legal Name of Applicant	
d/b/a or Trade Name	
Address 1	
Address 2	
City, State, Zip	
Company Contact	
E-Mail address	
Telephone number	
Authorized Agent Name & Title	
Signature	

SECTION 2: ACCOUNT INFORMATION FOR SUPPORT PAYMENTS

Please complete this section if your company wishes to receive their monthly support payments electronically.

Please check appropriate box	New Application <input type="checkbox"/>	Revision <input type="checkbox"/>	Cancellation <input type="checkbox"/>
Beneficiary Bank Name			
Beneficiary Bank Address			
Name on Account			
ABA Routing Number			
Bank Account Number			
Bank Account Type	Checking <input type="checkbox"/>	Saving <input type="checkbox"/>	

PLEASE NOTE:

Due to Federal Privacy Regulations, we are unable to receive this information by e-mail. Acceptable methods for providing us with this sensitive information are by US mail or by Fax. Please see the Administrator contact information below for mail and fax information.

SECTION 3: ELECTRONIC REMITTANCE OF MOUSF SURCHARGES

Please use this section to obtain information on submitting electronic payments to the MoUSF.

Please complete all information in Section 1 of this form and check the box below.

We wish to remit payments electronically to the Missouri Universal Service Fund.

Once this form is received by the Administrator, you will be contacted with specific account number information for your MoUSF remittances.

Mail Executed Form To:

MoUSF Administrator
P.O. Box 752
Jefferson City, MO 65102-0752
or

Fax Executed Form to:
573.634.1161

Administrator Contact: 573.634.1319