

287(g) ERO - Electronic Payment Request

Please fill out in green below

Requisition Number:

ALC:

70-19-1512

Date:

Appropriation Remarks 1 (Bank's Name):

Appropriation Remarks 2 (Street Address):

Appropriation Remarks 3 (City, State, Zip):

Appropriation Remarks 4 (POC Name and Phone #):

Beneficiary (Agency) Name:

Beneficiary Bank:

Depositor Account Number (Receiving Bank):

Receiving Bank ABA:

Product Code (BTR/CTR):

RFB (Please submit incoming wire transfer fee):

Beneficiary Bank ABA:

BBK Remarks:

Payee Remarks 1:

Payee Remarks 2:

Payment Amount (Stipend Amount Only):

Type Code:

10

Payee ID/TIN:

432000174

OI POC This Request:

ACCS Funding String:

If **no seizure** is tied to the case, please include funding string to be used above depending on which category the case falls under (Example: National Security, Financial, or Smuggling/Public Safety Investigation). ****If there is a seizure** tied to the case, I will fill in the ACCS funding string.