

**ELECTRONIC FUNDS TRANSFER (EFT)
HARDSHIP WAIVER REQUEST**

1. FULL NAME *(please print or type)*

2. REQUESTOR'S ADDRESS

The Secretary of Treasury has granted a waiver of the requirement to receive a Federal payment by electronic funds transfer (EFT) for individuals if the individual determines, at his or her sole discretion, that:

- payment by EFT would impose a hardship due to a physical or mental disability
- the individual faces a geographic, language, or literacy barrier to receiving payment by EFT; or
- payment by EFT poses a financial hardship to the individual.

I have determined that payment by EFT creates a hardship, and I invoke this waiver.

3. SIGNATURE

5. RETURN THE COMPLETED FORM TO *(Office Name & Address):*

4. DATE SIGNED *(MM-DD-YYYY)*