

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment- related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
U.S. Department of Veterans Affairs - Financial Services Center		
AGENCY IDENTIFYER	AGENCY LOCATION CODE (ALC)	ACH FORMAT
11-1036183	36001200	<input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS		
P.O. BOX 149971		
Austin, TX 78714-8971		
CONTACT PERSON NAME		TELEPHONE NUMBER

ADDITIONAL INFORMATION	
SUBMIT COMPLETED FORM ONE OF THE FOLLOWING WAYS: *Mail to: Fayetteville VAMC (Fiscal 04) 2300 Ramsey St. Fayetteville, NC 28301 *Fax to: 910-822-7928 *Drop off at the Agent Cashier's Window across from Pharmacy	

VETERAN INFORMATION

NAME	SOCIAL SECURITY NUMBER
PHYSICAL ADDRESS	
CONTACT PERSON NAME	
Gale James	TELEPHONE NUMBER
	910-488-2120 ext 7902

FINANCIAL INSTITUTION INFORMATION

BANK NAME	
BANK ADDRESS	
NINE-DIGIT ROUTING TRANSIT NUMBER	
NAME(S) LISTED ON BANK ACCOUNT TITLE	LOCKBOX NUMBER
BANK ACCOUNT NUMBER	
TYPE OF ACCOUNT	
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX
VETERAN SIGNATURE AND DATE	