**Department of Veterans Affairs**
**Facility Name**

# Direct Deposit Enrollment Form

Dear Veteran,

The U.S. Department of Treasury, under 31 CFR Part 208, now requires Federal payments, including beneficiary travel and compensated work therapy, to be made electronically. The information you provide on this from will be used by the Treasury to transmit payment data though electronic funds transfer to your financial institution.

Complete **all** fields in the Information Section below. To return your form, you may:

- **Bring** the completed form to the Eligibility Office now or at your next appointment.
- **Fax** it to our secure fax line at (650) 852-3286; or
- **Mail** to ATTN: e.g. Eric Jacobson; 3801 Miranda Avenue / (136A) / Palo Alto / CA / 94304

**First & Last Name** _____ **Social Security#** ☐☐☐☐☐☐☐☐☐

**Address** _____ **City**_____ **State**____ **Zip**_____

**Bank Name**_____ **City**_____ **State**____ **Zip**_____

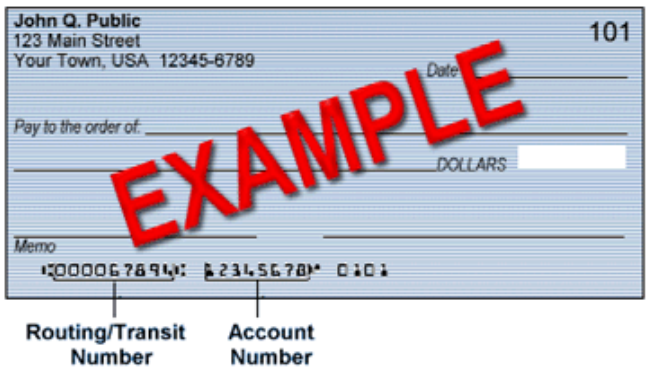
**Routing Transit #** ☐☐☐☐☐☐☐☐☐ **Account #**_____
(Routing Transit # Found on the bottom of your personal check, must have 9 digits and begin with "0", "1", "2" or "3")

**Circle Account Type:** Checking Savings

**Signature** _____ **Phone # (** **)**_____

For questions concerning the EFT process, please contact the Health Administration Service at (650) 493-5000 ext. 66266.

**A.B.A Routing Numbers Example**




Date: 02/27/2013