



U.S. Department of Veterans Affairs
John D. Dingell VA Medical Center, Detroit

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 form 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 Agent Cashier Office (C1828) now, or at your next appointment.
- **Fax** the completed form to our secure fax line at (313) 576-1147; or
- **Mail** to ATTN: Veterans Affairs, John D. Dingell VA Medical Center, Attn: Agent Cashier 001FS-AC, 4646 John R, Detroit, MI 48201

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 Financial Management Service at (313)576-3493 or (313) 576-3801.

A.B.A Routing Numbers Example

John Q. Public
123 Main Street
Your Town, USA 12345-6789

Date: _____ 101

Pay to the order of: _____

DOLLARS

Memo _____

⑆00006789⑆ ⑆2345678⑆ 0101

EXAMPLE

Routing/Transit Number
Account Number

Attach copy of voided check here