



NOTICE

**EFFECTIVE April 1, 2013,
ALL TRAVEL REIMBURSEMENT
PAYMENTS WILL BE ISSUED
VIA ELECTRONIC FUNDS
TRANSFER (EFT).**

(See reverse for information on how to request an EFT form)

**Cash payments will be made for hardships only.
Approvals are subject to availability of funds and
approval by official designee.**

EFT VENDORIZING ENROLLMENT FORM

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 the veteran's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments thru the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

VA Maine Healthcare System
1 VA Center
Augusta Maine

CONTACT PERSON NAME:

AGENT CASHIER

TELEPHONE NUMBER

(207) 623-8411 EXT. 5269

ADDITIONAL INFORMATION

Please mail completed form to above address, turn into you Health Benefits Advisor or Agent Cashier.

PAYEE INFORMATION

1. VETERAN'S NAME

2. SOCIAL SECURITY NUMBER

3. CURRENT MAILING ADDRESS

4. CITY, STATE, ZIP

5. TELEPHONE NUMBER:

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FINANCIAL INSTITUTION INFORMATION

6. BANK NAME

7. BANK ADDRESS

8. CITY, STATE, ZIP

9. NINE-DIGIT ROUTING TRANSIT NUMBER:

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10. DEPOSIT ACCOUNT TITLE:

11. DEPOSIT ACCOUNT NUMBER:

12. TYPE OF ACCOUNT

Checking

Savings

13. VETERAN'S SIGNATURE

14. DATE