



Department of Veterans Affairs
Central Iowa Health
Care System

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 at your next appointment; or
- **Fax** it to our secure fax line at (515) 278-4145; or
- **Mail** it to ATTN: Finance Office - 04, 3600 30th Street, Des Moines, IA 50310

First & Last Name _____	Social Security# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address _____	City _____ State _____ Zip _____
Bank Name _____	City _____ State _____ Zip _____
Routing Transit # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account # _____
(Routing Transit # Found on the bottom of your personal check, <u>must have 9 digits</u> and begin with "0", "1", "2" or "3")	
Circle Account Type:	Checking Savings
Signature _____	Phone # () _____

For questions concerning the EFT process, please contact Fiscal Service at (515) 699-5999 ext. 4267.

A.B.A Routing Numbers Example

John Q. Public 123 Main Street Your Town, USA 12345-6789		101
Pay to the order of: _____		Date: _____
_____ DOLLARS <input type="text"/>		
Memo _____		
⑆00006789⑆ 23456789⑆ 0101		
Routing/Transit Number	Account Number	