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 INI	FORMATION			
FEDERAL PROGRAM AGENCY	7.0				
U.S. Depar	tment of Veterans Affairs - Financ	ial Services Center			
AGENCY IDENTIFYER	AGENCY LOCATION CODE (ALC)	ACH FORMAT			
11-1036183	36001200		CCD+	CTX	
ADDRESS					
P.O. BOX 1	49971				
Austin TX	78714-8971				
CONTACT PEDSON NAME			TELEPHONE NUMBER		
Customer Support Help Desk - Vendorizing Team ADDITIONAL INFORMATION			1877-353-9791 or 512-460-5049		
ADDITIONAL INFORMATION			1.0		
	eted form to (540) 855-5022				
•		IFODMATION			
NAME	VETERAN'S II	NFORMATION	Veteran SSN		
X ADDRESS			X		
X					
Χ					
CONTACT PERSON NAME			TELEPHONE NUM	MBER	
			X		
	VETERAN'S BAN	KINFORMATION			
NAME V					
X ADDRESS					
X					
X					
ACH COORDINATOR NAME			TELEPHONE NUMBER		
NINE-DIGIT ROUTING TRANSIT	NUMBER		_1		
X					
DEPOSITOR ACCOUNT TITLE			ı	LOCKBOX NUMBER	
DEPOSITOR ACCOUNT NUMBER			1		
X					
TYPE OF ACCOUNT					
X VETERAN'S SIGNATURE	CHECKING	SAVINGS	TELEPHONE NUM	LOCKBOX LOCKBOX	
				VIDEN	
X			X		

STANDARD FORM (SF) 3881 INSTRUCTIONS

Please fill out only the sections outlined below.

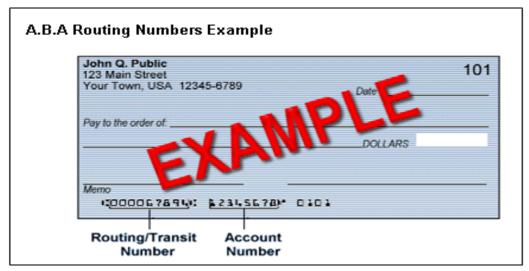
All required fields are marked by a bold X

Veteran's Information:

- 1. Name (full, legal name)
- 2. SSN (all 9 digits)
- 3. Address (please do not abbreviate city names)
- 4. Contact person name (the owner of the account)
- 5. Telephone number (telephone number of the account holder)

Veteran's Bank Information:

- 1. Name (name of the bank)
- 2. Address (address of the bank being used)
- 3. Nine-digit routing number (this can be found on one of your checks)
- 4. Depositor account number (this can be found on one of your checks)
- 5. Type of account (please indicate whether the account is checking, savings or a lockbox)
- 6. Veteran's signature (the account holder must sign the form in order for it to be processed)
- 7. Telephone number (the account holder's phone number)



For assistance in completing this payment enrollment form, contact the finance office at 540-982-2463 x2789, 2793, or 4149

Payment enrollment form can be mailed to:
Salem VA Medical Center
1970 Roanoke Blvd. Mail Stop 04A, Salem, VA 24153

Payment enrollment form can be faxed to: 540-855-5022

Or the form can be dropped off at the travel window during your next visit.