

## 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 INFORMATION

FEDERAL PROGRAM AGENCY <b>U.S. Department of Veterans Affairs - Financial Services Center</b>		
AGENCY IDENTIFYER <b>11-1036183</b>	AGENCY LOCATION CODE (ALC) <b>36001200</b>	ACH FORMAT <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS <b>P.O. BOX 149971</b>		
<b>Austin, TX 78714-8971</b>		
CONTACT PERSON NAME <b>Customer Support Help Desk - Vendorizing Team</b>		TELEPHONE NUMBER <b>1877-353-9791 or 512-460-5049</b>
ADDITIONAL INFORMATION <b>Fax completed form to (540) 855-5022</b>		

### VETERAN'S INFORMATION

NAME <b>X</b>	Veteran SSN <b>X</b>
ADDRESS <b>X</b>	
<b>X</b>	
CONTACT PERSON NAME	TELEPHONE NUMBER <b>X</b>

### VETERAN'S BANK INFORMATION

NAME <b>X</b>			
ADDRESS <b>X</b>			
<b>X</b>			
ACH COORDINATOR NAME	TELEPHONE NUMBER		
NINE-DIGIT ROUTING TRANSIT NUMBER <b>X</b>			
DEPOSITOR ACCOUNT TITLE			LOCKBOX NUMBER
DEPOSITOR ACCOUNT NUMBER <b>X</b>			
TYPE OF ACCOUNT <b>X</b>	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> LOCKBOX
VETERAN'S SIGNATURE <b>X</b>			TELEPHONE NUMBER <b>X</b>

## 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)

**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 \_\_\_\_\_

⑆000067891⑆ ⑆23456789⑆ 0 10 1

Routing/Transit Number      Account 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.**