



**Department of Veterans Affairs
VA San Diego Healthcare System
3350 La Jolla Village Drive
San Diego, CA 92161**

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 through 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 Cashiers Office, Room 1504 at your next appointment.
- **Mail** to:

Taylor R. Smith (Stein Lab)
VA San Diego Healthcare System (MC 151)
3350 La Jolla Village Drive
San Diego, CA 92161

Note: If you change banks you must complete a form with the new banking information.

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

For questions please contact: VA San Diego Healthcare Finance by phone at 858-552-8585 ext.7407.

A.B.A Routing Numbers Example

John Q. Public 101
 123 Main Street
 Your Town, USA 12345-6789

Date: _____

Pay to the order of: _____

_____ DOLLARS

Memo _____

⑆00006789⑆ 2315678⑆ 0101

Routing/Transit
Number

Account
Number