



**Department of Veterans Affairs  
Boise VA Medical Center**

**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 Travel Office/CBOC now or at your next appointment.
- **Fax** it to our secure fax line at (208) 422-1212; or
- **Mail** to ATTN: e.g. Fiscal EFT Coordinator; 500 W. Fort St. / 04 /Boise / ID / 83702

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"/>
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"/>	Account # _____
<small>(Routing Transit # Found on the bottom of your personal check, <u>must have 9 digits</u> and begin with "0", "1", "2" or "3")</small>									
Circle Account Type:	Checking	Savings							
Signature _____	Phone # (	) _____							

For questions concerning the EFT process, please contact the Fiscal Service at (208) 422-1206.

