



**DEPARTMENT OF VETERANS AFFAIRS
NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM**

Omaha
4101 Woolworth Avenue
Omaha NE 68105-1873

Lincoln
600 S 70th Street
Lincoln NE 68510-2493

Grand Island
2201 N Broadwell Avenue
Grand Island NE 68803-2196

In Reply Refer To: 636/04

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 U.S. Department of Treasury to transmit payment data through electronic funds transfer (EFT) to your financial institution (Direct Deposit).

Please complete all fields in the information section below OR provide a VOIDED check for the financial institution account that you wish for the EFT to be deposited to for federal VA payments.

To return the form, you may:

- Bring the completed form to the Agent Cashier Office at your next appointment (at either the Omaha VA Medical Center or Grand Island VA Clinic);
- Fax the form to our secure fax line at (402) 943-5552; or,
- Mail the form to: Attn: Finance Office-04, 4101 Woolworth Ave, Omaha, NE 68105-1873.

For questions concerning the EFT process, contact our finance office at 1-800-451-5796, ext. 94864.

First/Last Name _____	Social Security # _____ - - _____
Mailing Address _____	City _____ State _____ Zip _____
Financial Institution Name _____	City _____ State _____ Zip _____
Routing Transit # _____	Account # _____
Circle Account Type: Checking Savings	
(Routing Transit # is found on the bottom of your check or savings deposit slip. It MUST HAVE 9 digits, and begin with '0', '1', '2', or '3'.)	
Signature _____	Phone # () _____

