

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.

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.

PAYEE INFORMATION	
NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	

FINANCIAL INSTITUTION INFORMATION	
NAME:	
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
SIGNATURE OF VETERAN:	TELEPHONE NUMBER: ()

NAME	0123	
ADDRESS		
CITY, STATE ZIP	01-2345/6789	
DATE _____		
PAY TO THE ORDER OF _____	\$ 	
	DOLLARS	
BANK NAME		
ADDRESS		
CITY, STATE ZIP		
FOR _____		
		
Bank Routing Number	Bank Account Number	Check Number