



U. S. DEPARTMENT OF VETERANS AFFAIRS
Regional Office, Fort Snelling
1 Federal Drive
St. Paul, MN 55111-4050

June 22, 2001

REGIONAL LOAN CENTER MEMORANDUM NO. 01-15

TO: ALL SALES BROKERS AND MANAGEMENT BROKERS IN
MINNESOTA, NORTH DAKOTA AND SOUTH DAKOTA

SUBJ: DIRECT DEPOSIT ENROLLMENT FOR LOAN GUARANTY PROGRAM PARTICIPANTS

1. **U. S. TREASURY REQUIRES DIRECT DEPOSIT.** The U.S. Treasury requires that government agencies enroll vendors in the Direct Deposit Program.

Beginning January 2, 1999, the Debt Collection Improvement Act of 1996 requires Electronic Funds Transfer (EFT) as the primary medium of federal payments for claims and services. Currently, Loan Guaranty program participant enrollment in EFT is only about 15 percent nationwide. Direct deposit is highly recommended as a way to expedite receipt of payments from VA.

- **FASTER PAYMENT.** Vendors that sign for direct deposit may expect to receive payment three to seven business days sooner than vendors that do not sign up.

2. **WHAT WE NEED YOU TO DO.**

- Sign up for direct deposit by July 31, 2001.
- Complete the individual or company information portion of the enclosed direct deposit enrollment form and submit it to your financial institution.
- Have your financial institution complete their portion of the form and mail or fax it to VA's Financial Services Center at:

P.O. Box 149971
Austin TX 78714-8971
Attn: Vendorizing Unit
Fax Number: (512) 460-5221

DO NOT BRING OR MAIL YOUR ENROLLMENT FORM TO THE REGIONAL OFFICE.

2. Regional Loan Center Memorandum No. 01-15

If you have questions on the Direct Deposit Program, contact the Financial Services Center directly at their toll free number 1 (877) 353-9791.

/S/D. F. MUNRO
D. F. MUNRO
Loan Guaranty Officer

Enclosure

AUTOMATED CLEARING HOUSE (ACH) VENDOR/MISCELLANEOUS
PAYMENT ENROLLMENT FORM

STA # 335

Contact: Joe Varpness

Contact Phone: (612) 970-5556

E-mail address: lgyjvarp@vba.va.gov

This form is used for 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 thru the ACH Payment System.		
FEDERAL PROGRAM AGENCY DEPT OF VETERANS AFFAIRS-FINANCIAL SERVICES CENTER		
AGENCY IDENTIFIER: 111036183	AGENCY LOCATION CODE (ALC) 36001200	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
PO BOX 149971 AUSTIN, TX 78714-8971		
CONTACT PERSON NAME VENDORIZING UNIT		TELEPHONE NUMBER (512) 460-5049
ADDITIONAL INFORMATION FAX BACK TO 512-460-5221		PAYMENT INQUIRIES 1-877-353-9791

QUESTIONS: VISIT – <http://www.fms.treas.gov/vendor.html>

INDIVIDUAL OR COMPANY INFORMATION	
NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CITY, STATE, ZIP	
CONTACT PERSON NAME:	TELEPHONE NUMBER/E MAIL ADDRESS ()

FINANCIAL INSTITUTION INFORMATION	
NAME	
ADDRESS	
CITY, STATE, ZIP	
ACH COORDINATOR NAME:	TELEPHONE NUMBER ()
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
SIGNATURE OF AUTHORIZED OFFICIAL OR ANYONE WHO CAN VERIFY FINANCIAL INSTITUTION DATA	DATE SIGNED TELEPHONE NUMBER ()

HS1