

Regional Office

155 Van Gordon
Box 25126
Denver, CO 80225

**Department of
Veterans Affairs**

**Information
Bulletin**

June 27, 2001

Loan Guaranty Letter 01-11
26-1

SUBJ: Direct Deposit Enrollment for Loan Guaranty Program Participants

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 about 15% nationwide. Direct deposit is highly recommended as a way to expedite receipt of payments from VA.

FASTER PAYMENT

Vendors that sign up for direct deposit may expect to receive payment 3 to 7 business days sooner than vendors that do not sign up.

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 VAF 26-227 (339) Jun 01 and submit it to your financial institution.
- Have your financial institution complete their portion of the form and mail or fax it to:

VA Financial Services Center
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.

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

VLINDA A. CHILDS
Loan Guaranty Officer

Distribution: Loan Guaranty Program Participants

Enclosures

AUTOMATED CLEARING HOUSE (ACH) VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM
STATION # 339 Contact: Cindy Gribbin Contact Phone: (303) 914-5600 LGYCGRIB@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>

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

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

VAF 26-227 (339) Jun 01

Instructions for Completing SF 3881 Form

1. **Agency information Section** - The Department of Veterans Affairs (VA) has filled out this information with the exception of the ACH Format. The VA has the capability of using two ACH formats:

CCD+ - One separate payment for each invoice,

Or

CTX - One single consolidated payment each day

Before selecting one of the two ACH formats, the payee/company should consult with their financial institution and reach an agreement on how often payment information will be provided to them by the financial institution and what format will be used to provide the payment information.

2. **Individual or Company Information Section** - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. **Financial Institution Information Section** - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. In addition, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Note: The payee/company and the financial institution should each keep a copy of the completed form. The payee/company should submit the completed form to the VA Financial Services Center via fax to (512) 460-5221 or by mail to PO Box 149971, Austin, TX 78714. If at any time, the information submitted on this form changes, the payee/company should submit updated information to the VA Financial Services Center as soon as possible. For questions regarding EFT requirements, please refer to the Treasury website www.fms.treas.gov/vendor.html