



DEPARTMENT OF VETERANS AFFAIRS
Roanoke Regional Loan Center
210 Franklin Road SW
Roanoke VA 24011

June 19, 2001

In Reply Refer To: 314/26

Loan Guaranty Information Letter: 26-01-25

TO: All Program Participants

SUBJ: Direct Deposit Enrollment for Loan Guaranty Program Participants

The U.S. Treasury requires that government agencies enroll vendors in the Direct Deposit Program. The Debt Collection Improvement Act of 1996 requires Electronic Funds Transfer (EFT) as the primary medium of federal payments for claims and services. Direct deposit is highly recommended as a way to expedite receipt of payments from VA. **Note:** If you already participate in Direct Deposit there is nothing further required!

What Is The Benefit Of Direct Deposit?

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 You Need To Do

Signing up for the Direct Deposit program is very simple. All you need to do is:

- 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:

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

Other Questions

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.

/s/

W. D. Hogan
Loan Guaranty Officer

Enclosure

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056
Expiration Date 01/31/2000

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. 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 through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

Department of Veterans Affairs - Financial Services Center

AGENCY IDENTIFIER:

111036183

AGENCY LOCATION CODE (ALC):

36001200

ACH FORMAT:

CCD+

CTX

CTP

ADDRESS:

PO Box 149971

Austin, TX 78714-8971

CONTACT PERSON NAME:

VENDORIZING UNIT

TELEPHONE NUMBER:

(512) 460-5049

ADDITIONAL INFORMATION:

Fax Completed Form to 512-460-5221, Additional Questions or Payment Inquiries Call 1-877-353-9791

PAYEE/COMPANY INFORMATION

NAME

SSN NO. OR TAXPAYER ID NO.

ADDRESS

CONTACT PERSON NAME:

TELEPHONE NUMBER:

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FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

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NINE-DIGIT ROUTING TRANSIT NUMBER:

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DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

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Instructions for Completing SF 3881 Form

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/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. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

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