

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

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 | | |
| U.S. Department of Veterans Affairs - Financial Services Center | | |
| AGENCY IDENTIFYER | AGENCY LOCATION CODE (ALC) | ACH FORMAT |
| 11-1036183 | 36001200 | <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX |
| ADDRESS | | |
| P.O. BOX 149971 | | |
| Austin, TX 78714-8971 | | |
| CONTACT PERSON NAME | | TELEPHONE NUMBER |
| | | |
| ADDITIONAL INFORMATION | | |
| | | |

VETERAN INFORMATION

| | |
|------------------|-------------------------|
| NAME | SOCIAL SECURITY NUMBER. |
| | |
| PHYSICAL ADDRESS | |
| | |
| TELEPHONE NUMBER | |
| | |

FINANCIAL INSTITUTION INFORMATION

| | |
|---|--|
| BANK NAME | |
| | |
| BANK ADDRESS | |
| | |
| BANK TELEPHONE NUMBER | |
| | |
| NINE-DIGIT ROUTING TRANSIT NUMBER | |
| | |
| DEPOSITOR ACCOUNT NUMBER | |
| | |
| TYPE OF ACCOUNT | |
| <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX | |
| VETERAN SIGNATURE & DATE | |
| | |

SEND ORIGINAL FORM TO FINANCE OFFICE, MAIL STOP 02-04

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C 332; 31 CFR 21

STANDARD FORM (SF) 3881 INSTRUCTIONS

Agency Information

Payee

Name This must be the legal name for the Veteran as on file with IRS.

SSN This must be the legal social security number

Physical Address

A This is the correspondence mailing address to include city, state, and zip code. Please do not abbreviate city names

Telephone Number

A

This is the Veteran contact telephone number. Please be sure to include area code. This person may be contacted by VAFSC Vendorizing Team to answer questions related to the vendor file with VA.

Financial Institution Information

Name This is the name of the bank being used for direct deposit.

Address Address of bank, to include city, state, and zip code. Please do not abbreviate city names.

Bank Telephone Number This is the phone number of the bank or ACH Coordinator. This can be useful information if payments reject.

Nine-digit Routing Transit Number

This number identifies the bank when direct deposits are made.

This number should begin with 0, 1, 2, or 3.

Take this number from a *check*, not a deposit slip.

If you cannot locate your routing number, contact your bank and ask for the routing number for direct deposit.

Depositor Account Number This is the account number

Type of Account Please select checking, savings or lockbox

Signature and Title of Authorized Official

Signature is required on all SF3881 submissions. The signature must be the owner of the account

A.B.A Routing Numbers Example

The image shows a check stub with the following details: Payer: John Q. Public, 123 Main Street, Your Town, USA 12345-6789. Amount: 101. A large red 'EXAMPLE' watermark is overlaid on the check. At the bottom, the MICR line is shown: ⑆00006789⑆ ⑆2345678⑆ 0101. Arrows point from the labels 'Routing/Transit Number' and 'Account Number' to the corresponding parts of the MICR line.

Routing/Transit
Number

Account
Number

For assistance in completing this payment enrollment form, contact the finance office at 702-636-3000, ext 3148

Payment enrollment form can be mailed to:

**VA Southern Nevada Healthcare System, ATTN: Finance
P.O. Box 360001, North Las Vegas, NV 89036**