



DEPARTMENT OF VETERANS AFFAIRS
Mann-Grandstaff Medical Center
4815 North Assembly Street
Spokane WA 99205-6197

Direct Deposit Enrollment Form

Dear Veteran,

The U.S. Department of Treasury, under 31 CFR Part 208, now requires Federal payments, including beneficiary travel and compensated work therapy, to be made electronically. The information you provide on this form will be used by the Treasury to transmit payment data though electronic funds transfer to your financial institution.

Complete **all** fields in the Information Section below. To return your form, you may:

- **Bring** the completed form to the Travel Office now or at your next appointment.
- **Fax** it to our secure fax line at (509) 434-7122; or
- **Mail** to Mann-Grandstaff VA Medical Center, ATTN: EFT Coordinator; 4815 N. Assembly Street (136B), Spokane, WA 99205

First & Last Name _____	Social Security# <input type="text"/>
Address _____	City _____ State _____ Zip _____
Bank Name _____	City _____ State _____ Zip _____
Routing Transit # <input type="text"/>	Account # _____
<small>(Routing Transit # Found on the bottom of your personal check, <u>must have 9 digits</u> and begin with "0", "1", "2" or "3")</small>	
Circle Account Type:	Checking Savings
Signature _____	Phone # () _____

