



Department of Veterans Affairs
South Texas Veterans Health Care System

Direct Deposit Enrollment Form

Dear Veteran,

The U.S. Department of Treasury, under 31 CFR Part 208, now requires Federal payments, including beneficiary travel, to be made electronically. The information you provide on this form will be used by the Treasury to transmit payment data through 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 **Eligibility/Enrollment Office (N126)** now or at your next appointment; or
- **Mail** to **ATTN: EFT Travel; 7400 Merton Minter Blvd., Mail Code: 136B, San Antonio, TX 78240**

First & Last Name _____ **Social Security#**

Address _____ **City** _____ **State** _____ **Zip** _____

Bank Name _____ **City** _____ **State** _____ **Zip** _____

Routing Transit # **Account #** _____
(Routing Transit # Found on the bottom of your personal check, must have 9 digits and begin with "0", "1", "2" or "3")

Circle Account Type: Checking Savings

Signature _____ **Phone # ()** _____

For questions concerning the EFT process, please contact **MAS Travel Section** at (210) 617-5300 ext. 15333.

