



Department of Veterans Affairs  
Louis A. Johnson

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 through electronic funds transfer to your financial institution.

Complete **all** fields in the Information Section below and **include a voided check**. To return your form with voided check included, you may:

- **Bring** the completed form to the Travel Clerk Office now or at your next appointment.
- **Mail** to Louis A Johnson VAMC, 1 Medical Center Drive, Clarksburg, WV 26301 ATTN Fiscal 04

**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 Health Administration Service at (304) 623-3461 ext. 3351.

