



## DIRECT DEPOSIT ENROLLMENT (CANADA)

**IMPORTANT: Use this form to enroll in Direct Deposit (EFT) or to change information for an existing EFT account. Please read the Privacy Act Notice and Respondent Burden information on the back before completing this form.**

- Complete Sections 2 and 3. Please be sure to sign your name.
- If you want your benefits sent in U.S. dollars to your U.S. dollar account in Canada, ask your financial institution to complete Section 4.
- If you want your benefits sent in Canadian dollars to your Canadian dollar account in Canada, ask your financial institution to complete Section 5.
- Return the completed form in the envelope provided. Include a VOIDED CHECK to help us code your International Direct Deposit.

SECTION 1	SECTION 2
PAYEE NAME AND MAILING ADDRESS:       VA CLAIM NUMBER OR VETERAN'S SOCIAL SECURITY NUMBER   PAYEE NUMBER	NAME OF BANK OR OTHER FINANCIAL INSTITUTION:  ADDRESS OF FINANCIAL INSTITUTION  FINANCIAL INSTITUTION PHONE NUMBER (Include Area Code)  TYPE OF ACCOUNT (Check one) <input type="checkbox"/> U.S. DOLLAR CHECKING <input type="checkbox"/> CANADIAN DOLLAR CHECKING <input type="checkbox"/> U.S. DOLLAR SAVINGS <input type="checkbox"/> CANADIAN DOLLAR SAVINGS OWNERSHIP (Check one)

SECTION 3 - CERTIFICATIONS	
<b>PAYEE CERTIFICATION</b> I CERTIFY THAT I have read and understand the information on the back of this form. I authorize the Department of Veterans Affairs to send my payment to my bank for deposit in the designated account.	<b>JOINT ACCOUNT HOLDER'S CERTIFICATION</b> I CERTIFY THAT I have read and understand the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.
SIGNATURE OF PAYEE (Do NOT print)	SIGNATURE OF JOINT ACCOUNT HOLDER (Do NOT print)
DATE SIGNED (Month, day, year)	DATE SIGNED (Month, day, year)
YOUR DAYTIME TELEPHONE NO. (Include Area Code)	YOUR DAYTIME TELEPHONE NO. (Include Area Code)

SECTION 4 - TO DEPOSIT U.S. DOLLARS TO YOUR ACCOUNT COMPLETE A OR B BELOW	
<b>A. Transit Number</b> _____ (5 digits begins with 0)  <b>Institution Number</b> <u>  0  </u> <u>  0  </u> <u>  3  </u>  <b>Account Number</b> _____ (Must be 7 digits, begins with 4 or 8, no dash)	<b>B. U.S. dollar account at any other financial institution in Canada</b> Transit Number _____  Institution Number _____  Account Number _____

SECTION 5 - TO DEPOSIT CANADIAN DOLLARS TO YOUR ACCOUNT ASK YOUR BANK TO COMPLETE THIS SECTION	
Canadian dollar account at any financial institution in Canada:	
Transit Number _____	Institution Number _____
Account Number _____	

SECTION 6 - FINANCIAL INSTITUTION CERTIFICATION			
I confirm the identity of the above-named payee(s) and the account number and title. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

<b>MAIL THE COMPLETED FORM TO:</b> Department of Veterans Affairs 215 N. Main Street White River Junction, VT 05001	<b>FAX THE COMPLETED FORM TO:</b> Department of Veterans Affairs FAX Number 1-802-291-6202 or 1-802-291-6299
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## IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The Debt Collection Improvement Act of 1996, which was signed into law on April 26, 1996, required all Federal payments to be made by electronic fund transfer (EFT) beginning on January 1, 1999. The EFT requirement can be waived in situations where converting to EFT will impose an undue hardship. For more information about waivers, please contact the VA Regional Office shown below.

### HOW TO ENROLL IN EFT PROGRAM OR CHANGE EXISTING EFT ACCOUNT

- You or a representative of your financial institution must complete Sections 2 and 4 on the front of this form.
- You must sign your name in the signature box under the Payee Certification Statement in Section 3. If a representative of the financial institution completes this form he or she should sign Section 5.
- Mail the completed form, along with a voided check if possible, in the envelope provided.

### CHANGING ACCOUNTS OR FINANCIAL INSTITUTIONS

- You must notify the Department of Veterans Affairs immediately if you change your account information and/or your financial institution. **DO NOT close your old account until your benefits start coming to your new account.**

### NOTICE TO JOINT ACCOUNT HOLDERS

- If you have a joint account and should die, the co-owner of the account should:
  1. Notify the Department of Veterans Affairs of your death as soon as possible
  2. Return to the Department of Veteran Affairs all benefit payments deposited into the account **after** the date of your death.
- The co-owner of the account should acknowledge that he/she is aware of these requirements by signing the Joint Account Certification in Section 3 on the front of this form.

### IF YOU HAVE ANY EFT ENROLLMENT QUESTIONS, CONTACT THE OFFICE BELOW:

DEPARTMENT OF VETERANS AFFAIRS  
VA Regional Office  
215 N. Main Street  
White River Junction, VT 05001  
Telephone - 1-802- 295-9363 EXT. 5177

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use is that the information will be used to process the payment data from VA to the beneficiary's designated financial institution. Your obligation to respond is voluntary.

RESPONDENT BURDEN: We need this information to ensure proper transmission of your funds via electronic transfer to your financial institution (title 31 C.F.R. 208.3 and 210.4). Title 38, United States Code allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.