



**DIRECT DEPOSIT ENROLLMENT  
(AUSTRALIA)**

**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**

WHICH COUNTRY DO YOU LIVE IN:

**Note: Please read the Important Information on the back before completing this form.**

<b>SECTION 1 (Payee Information)</b>		<b>SECTION 2 (To Be Completed By Payee Or Financial Institution Representative)</b>	
PAYEE NAME AND MAILING ADDRESS:		NAME OF BANK OR OTHER FINANCIAL INSTITUTION:	
VA CLAIM NUMBER OR VETERAN'S SOCIAL SECURITY NUMBER		ADDRESS OF FINANCIAL INSTITUTION	
PAYEE NUMBER		FINANCIAL INSTITUTION PHONE NUMBER (Include Area Code)	
		TYPE OF ACCOUNT (Check one)	OWNERSHIP (Check one)
		<input type="checkbox"/> CHECKING	<input type="checkbox"/> INDIVIDUAL ACCOUNT
		<input type="checkbox"/> SAVINGS	<input type="checkbox"/> JOINT ACCOUNT

**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)	PHONE NO. (Include Area Code)	DATE SIGNED (Month, day, year)	

**SECTION 4 - FINANCIAL INSTITUTION INFORMATION (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

ACCOUNT NUMBER	
TRANSIT NUMBER	
INSTITUTION NUMBER	
BSB OR SORTING CODE NUMBER	

**SECTION 5 - 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

**MAIL THE COMPLETED FORM TO:**

Automated Payments - 1st Floor  
Federal Reserve Bank of New York,  
East Rutherford Operations Center  
100 Orchard Street  
East Rutherford, NJ 07073

## 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  
Foreign Claims  
1000 Liberty Avenue  
Pittsburgh, PA 15222-4004  
Telephone - (412) 395-6272  
E-mail - [vavbapit/ro/forgintmail@vba.va.gov](mailto:vavbapit/ro/forgintmail@vba.va.gov)

**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, Section 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. Your obligation to respond is voluntary. The information, solicited under the authority of Title 31 Code of Federal Regulations, Section 210.4, will be used to process the payment data from VA to your account at the designated financial institution.

**RESPONDENT BURDEN:** This information is required in order to process payment data from VA to your account at the designated financial institution. Title 31 Code of Federal Regulations, Section 210.4, allows us to ask for this information. We estimate that you will need an average 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.