



## EFT ENROLLMENT - GERMANY

**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.**

SECTION 1 - PAYEE INFORMATION	SECTION 2 - FINANCIAL INSTITUTION INFORMATION
PAYEE NAME AND MAILING ADDRESS:    VA CLAIM NUMBER (Required)                      PAYEE NUMBER (Required)  VETERAN'S SOCIAL SECURITY NUMBER  NAME OF PAYEE (If different from PAYEE above):  SOCIAL SECURITY NUMBER OF BENEFICIARY (If different from PAYEE above):	NAME AND ADDRESS OF FINANCIAL INSTITUTION:    FINANCIAL INSTITUTION PHONE NUMBER (Include Country Code)  IBAN (Must be 22 characters)

### SECTION 3- ACCOUNT INFORMATION (FUNDS WILL BE DEPOSITED IN LOCAL CURRENCY ONLY)

TYPE OF ACCOUNT (Check one) <input type="checkbox"/> CHECKING  <input type="checkbox"/> SAVINGS	ACCOUNT OWNERSHIP (Check one) <input type="checkbox"/> INDIVIDUAL ACCOUNT  <input type="checkbox"/> JOINT ACCOUNT
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SECTION 4 - PAYEE CERTIFICATION	SECTION 5 - JOINT ACCOUNT HOLDER'S CERTIFICATION	
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.	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 Country Code)	DATE SIGNED (Month, Day, Year)

**MAIL THE COMPLETED FORM TO:**

American Consulate General  
 Federal Benefits Unit  
 Giessener Strasse 30  
 60435 Frankfurt/Main

## 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.

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

- Complete Sections 1, 2, and 3 on the front of this form.
- Sign your name in the Signature box under Payee Certification in Section 4.
- If you have a joint account, the co-account owner should sign the Joint Account Holder's Certification, Section 5.
- Mail the completed form to the address shown on the front of the form.

### CHANGING ACCOUNTS OR CANCELLING EFT

- Notify the American Consulate General Federal Benefits Unit immediately if you decide to change or cancel your EFT account. **DO NOT close your old account until your benefits start coming to your new account or home address.** See CONTACT information below.

### NOTICE TO JOINT ACCOUNT HOLDERS

- If you have a joint account and should die, the co-owner of the account should:
  1. Notify the American Consulate General Federal Benefits Unit or the Department of Veterans Affairs of your death as soon as possible; and,
  2. Have the financial institution return all Department of Veterans Affairs benefit payments deposited into the account on your behalf 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 5 on the front of this form.

### CONTACT THE OFFICE(S) BELOW

AMERICAN CONSULATE GENERAL  
Federal Benefits Unit  
Giessener Strasse 30  
60435 Frankfurt/Main  
069 7535-2440

DEPARTMENT OF VETERANS AFFAIRS  
1000 Liberty Avenue  
Pittsburgh, PA 15222-4004  
Telephone - 00 1 (412) 395-6272  
E-mail - <https://iris.va.gov>

(9:00 a.m - 12 Noon)

**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. 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 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 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 00 1 (412) 395-6272 or E-mail - <https://iris.va.gov> to get information on where to send comments or suggestions about this form.