



Department of Veterans Affairs

INTERNATIONAL DIRECT DEPOSIT ENROLLMENT

IMPORTANT: PLEASE COMPLETE ALL REQUESTED INFORMATION IN ORDER TO SUCCESSFULLY ENROLL IN INTERNATIONAL DIRECT DEPOSIT. PLEASE PRINT CLEARLY. BE SURE TO SIGN AND DATE.

A. PERSON TO RECEIVE PAYMENT (Print Clearly)

NAME (Last, First, MI)		VETERAN'S NAME	
ADDRESS (Check box if new <input type="checkbox"/>)		VETERAN'S SOCIAL SECURITY NUMBER	VA FILE NUMBER
TELEPHONE NUMBER		EMAIL ADDRESS	

B. BANK INFORMATION (Print Clearly)

NAME OF BANK			
ADDRESS OF BANK			COUNTRY
BANK CODE		BRANCH CODE	
ACCOUNT NUMBER			
IBAN NUMBER (Required for Euro payments)		SWIFT CODE (Required for Euro payments)	
18 DIGIT CLABE NUMBER (Required for payments to Mexican Banks)			

THIS ACCOUNT IS:

<input type="checkbox"/> MY OWN ACCOUNT	<input type="checkbox"/> CHECKING	<input type="checkbox"/> U.S. DOLLARS
<input type="checkbox"/> A JOINT ACCOUNT	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> LOCAL CURRENCY

C. CERTIFICATION

I CERTIFY THAT I am entitled to receive the payment identified above, and that I have read and understand this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part B above, to be deposited into the account above.

SIGNATURE (Sign in ink)	DATE
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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, 58/VA21/22/28, Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, 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. Giving us your Social Security Number (SSN) is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5101 (c) (1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided by law. The responses you submit are considered confidential (38 U.S.C. 5701).

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 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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