



U.S. VICTIMS OF STATE SPONSORED TERRORISM FUND

Direct Deposit - ACH Payment Form

OMB No. 1123-0013

PAYEE INFORMATION	
NAME	SS #
ADDRESS	
TELEPHONE NUMBER ()	

FINANCIAL INSTITUTION INFORMATION	
BANK NAME	
BANK CITY, STATE	
BANK ROUTING NUMBER (9 DIGITS) _ _ _ _ _	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Pat Smith 101
 123 Main Street
 City, State 54321

Date _____

Pay to the Order of _____ \$
 _____ Dollars

Memo _____

⑆041000153⑆ 12345678⑈ 0101

Bank Routing Number Account Number

If you have questions about your Bank Routing Number or Account Number, please request assistance from your Financial Institution.

SIGNATURE	DATE
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PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Justice Department to transmit payment data, by electronic means to payee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House System.