VA **Department of Veterans Affairs**

**VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)**

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.

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You can *either* complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER	4. DATE OF BIRTH *(MM/DD/YYYY)*
		Month Day Year

SECTION II: BENEFICIARY'S IDENTIFICATION INFORMATION

5. BENEFICIARY'S NAME *(First, Middle Initial, Last - If other than veteran)*

6. ADDRESS OF PERSON RECEIVING PAYMENT *(Check box if new ☐)*

7. VA FILE NUMBER	8. TELEPHONE NUMBER *(Include Area Code)*	9. E-MAIL ADDRESS *(Write "None," if you don't have one)*

SECTION III: BANK INFORMATION

10. NAME OF BANK

11. ADDRESS OF BANK	12. COUNTRY

13. BANK CODE	14. BRANCH CODE

15. ACCOUNT NUMBER	16. SWIFT CODE *(Required for Euro payments)*

17. IBAN NUMBER *(Required for Euro payments)*	18. 18 DIGIT CLABE NUMBER *(Required for payments to Mexican Banks)*

19. THIS ACCOUNT IS:

☐ MY OWN ACCOUNT   ☐ CHECKING   ☐ U.S. DOLLARS

☐ A JOINT ACCOUNT   ☐ SAVINGS   ☐ LOCAL CURRENCY

SECTION IV: PAYEE CERTIFICATION

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

20. SIGNATURE OF PAYEE *(Do NOT print - Sign in ink)*	21. DATE SIGNED

MAIL TO: Department of Veterans Affairs
125 S Main Street
Muskogee, OK 74401
E-Mail: DIRECTD.VBAMUS@va.gov
Or Fax: (918) 781-7573

VA FORM
AUG 2019   **24-0296A**

SUPERSEDES VA FORM 24-0296, MAR 2018,
WHICH WILL NOT BE USED.