U.S. Department of Justice

September 11th Victim Compensation Fund

ACH Payment Information Form

This form is used for Automated Clearing House (ACH) payments for the September 11th Victim Compensation Fund. Please present it to your financial institution to complete the section, ***Financial Institution Information***. Return your completed form to the address listed under ***Fund Contact Information***. Failure to provide this information will delay your payment.

FUND CONTACT INFORMATION

Federal Program: **September 11th Victim Compensation Fund**	
Contact Person/Group: **VCF Payment Team**	Telephone Number: **(703) 741-1276**
Address: **P.O. Box 18698, Washington, D.C. 20036-8698**	

CLAIM INFORMATION

Victim's Name:	Claim Number:

PAYEE INFORMATION

Name:	SSN/Taxpayer ID/National ID:
Address:	
Telephone Number:	

FINANCIAL INSTITUTION INFORMATION

Name:	
Address:	
ACH Coordinator Name:	Telephone Number: ( )
Nine-Digit Routing Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___	
Depositor Account Title:	
Depositor Account Number:	
Type of Account: ____ Checking ____ Savings	
Signature and Title of Authorized Official: (Could be the same as ACH Coordinator)	Telephone Number: ( )