



VA-FSC VENDOR FILE REQUEST FORM

<input type="checkbox"/> NEW		<input type="checkbox"/> UPDATE		DATE	
VA FACILITY INFORMATION			PAYEE/VENDOR INFORMATION		
STATION NUMBER			<input type="checkbox"/> COMMERCIAL VENDOR REGISTERED IN SAM.GOV <i>(Required IAW FAR 4.1102)</i>		
STATION CONTACT			DUNS NUMBER		
STATION PHONE NUMBER STATION FAX NUMBER			DUNS+4		
STATION EMAIL ADDRESS			SSN/TIN		
PAYEE/VENDOR TYPE <i>(Select one)</i> <input type="checkbox"/> C - COMMERCIAL <input type="checkbox"/> F - FEDERAL AGENCY <input type="checkbox"/> E - EMPLOYEE <input type="checkbox"/> O - FOREIGN FACTS ID <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> V - VETERAN <input type="checkbox"/> U - UTILITY			NPI		
MISCELLANEOUS ACTIONS <i>(Select one)</i> <input type="checkbox"/> WINRS <input type="checkbox"/> ASSIGNMENT <i>(All applicable documents)</i> <input type="checkbox"/> BILL OF COLLECTIONS <input type="checkbox"/> SETTLEMENT/TORTS <input type="checkbox"/> ALAC/LGY ACCOUNT # 			<input type="checkbox"/> SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION		
			VENDOR NAME		
			DBA		
			CONTACT		
			EMAIL ADDRESS		
			PHONE NUMBER		
			CURRENT ADDRESS <i>(Include Street, City, State and Zip Code)</i>		
			PREVIOUS ADDRESS <i>(Include Street, City, State and Zip Code)</i>		
			EFT/ACH <i>(Required IAW 31 CFR Part 208)</i>		
			BANK NAME		
			BANK ADDRESS <i>(Include City, State and Zip Code)</i>		
			NINE-DIGIT BANK ROUTING NUMBER		
			ACCOUNT NUMBER		
			ACCOUNT TYPE		
			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
			NAME AND TITLE OF PAYEE/VENDOR		
			SIGNATURE OF PAYEE/VENDOR		

FOR QUESTIONS REGARDING THIS FORM:
CONTACT INFORMATION:

VENDOR CUSTOMER SERVICE SUPPORT HELPDESK:

PHONE: 512-460-5049
EMAIL: VAFSCSHD@VA.GOV

FOR ALL OTHER INQUIRIES:

CUSTOMER CARE CENTER: 1-877-353-9791
STATION CARE CENTER: 1-866-372-1141

SUBMIT ALL DOCUMENTATION VIA:
SECURE FAX: 512-460-5221

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 Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES