



Department of Veterans Affairs

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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> C - COMMERCIAL <input type="checkbox"/> E - EMPLOYEE <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> V - VETERAN </div> <div style="width: 45%;"> <input type="checkbox"/> F - FEDERAL AGENCY <input type="checkbox"/> O - FOREIGN FACTS ID <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> U - UTILITY </div> </div> | | | NPI | | |
| | | | <input type="checkbox"/> SMALL BUSINESS - PAYEE/VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION | | |
| MISCELLANEOUS ACTIONS <i>(Select one)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> WINRS <input type="checkbox"/> BILL OF COLLECTIONS <input type="checkbox"/> ALAC/LGY ACCOUNT # </div> <div style="width: 45%;"> <input type="checkbox"/> ASSIGNMENT <i>(All applicable documents)</i> <input type="checkbox"/> SETTLEMENT/TORTS </div> </div> | | | PAYEE/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:
NVF CONTACT INFORMATION:

VA-FSC CUSTOMER SERVICE HELP DESK:

PHONE: 512-460-5380
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

Instructions for FMS Vendor File Request Form

1. **NEW box option** - Check box if you are a new vendor not in the FMS system.
2. **UPDATE box option** - Check box if you are an existing vendor in the FMS system.

VA Facility Information

3. **Station #** - This portion pertains to the VA Station submitting this form, provide your station 3 digit station number. **FOR STATION USE ONLY**
 4. **Station Contact Name** - VA Station employee. **FOR STATION USE ONLY**
 5. **Station Phone** - VA Station employee direct number. **FOR STATION USE ONLY**
 6. **Station Fax Number** - VA Station fax number. **FOR STATION USE ONLY**
 7. **Station Email** - VA Station employee work email address. **FOR STATION USE ONLY**
- Payee/Vendor Type** - Check the appropriate Payee/Vendor Type box. **REQUIRED**

Miscellaneous Actions - Check the appropriate Payee/Vendor Type box, some additional documentation required.
OPTIONAL

- ALAC Vendors - **USE ONLY IF ALAC** include the 6 digit account number
- Assignment of Claims- **USE ONLY IF ASSIGNMENT** include Notice of Assignment & Instrument of Assignment
- Federal Vendors- **USE ONLY IF FEDERAL AGENCY** include the 2 digit Facts
- Foreign Vendors- **USE ONLY FOR FOREIGN COUNTRY** include W8Ben with foreign identification number

Payee/Vendor Information

8. **Commercial Vendor Registered in SAM.gov** - If you are registered in System of Awards Management & have a DUNS number check this box. **OPTIONAL**
 9. **DUNS #** - Data Universal Numbering System (DUNS) is a unique 9-digit number that is administered by Dun and Bradstreet (D&B) **OPTIONAL**
 10. **DUNS+4** - If you have more than one EFT account number for the same DUNS number and same physical location as defined by the DUNS address complete this section. **OPTIONAL**
 11. **SSN/TIN** - The Social Security Number (SSN) is the nine-digit number. The Tax Identification Number (TIN) is the nine-digit number which is either an Employer Identification Number (EIN); complete this section with SSN, TIN, EIN or ITIN. **REQUIRED**
 12. **NPI** - A standard 10 digit unique identifiers for health care providers, complete this section if applicable. **OPTIONAL**
 13. **Small Business** - Check box if applicable **OPTIONAL**
 14. **Vendor Name** - Provide legal name as it is on file with the IRS **REQUIRED**
 15. **DBA** - Doing Business As name complete if applicable **OPTIONAL**
 16. **Contact** - Name of Point of Contact if additional information is required **OPTIONAL**
 17. **Email** - Point of Contact email address **OPTIONAL**
 18. **Phone** - Point of Contact phone number **OPTIONAL**
 19. **Current Address** - Provide your most current address, city, state & zip code **REQUIRED**
 20. **Previous Address** - Provide previous address, city, state and zip code **REQUIRED FOR ADDRESS CHANGES**
- EFT/ACH (REQUIRED IAW 31CFR Part 208)**
21. **US. Bank Name** - provide financial institution name city, state & zip code. **REQUIRED**
 22. **US. Nine-Digit Bank Routing Number** - Provide 9 digit routing number from check (DO NOT use Deposit slip routing number) **REQUIRED**
 23. **US. Account #** - Provide bank account number maximum 17 digits **REQUIRED**
 24. **Account Type** - Check appropriate box that is associated with account number provide above **REQUIRED**
 25. **Name & Title of Payee/Vendor** - **REQUIRED**
 26. **Signature of Payee/Vendor** - **REQUIRED**

Please fax the completed form to 512-460-5221 for processing.

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RESPONDENT BURDEN: The Nationwide Vendor File Division needs this information to establish, modify/change your VA Vendor Record. 31 U.S.C. 3322 and 31 CFR 210, allow 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.