



**U.S. Victims of State Sponsored Terrorism Fund  
Direct Deposit – ACH Payment Form**

OMB No. 1123-0013  
Expires 01/31/2026

**PAYEE INFORMATION**

Name	Social Security Number
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

<div style="border: 1px dashed black; padding: 10px;"><p>Pat Smith 123 Main Street City, State 54321</p><p>Date _____</p><p>Pay to the Order of _____ \$ <input type="text"/></p><p>_____ Dollars</p><p>Memo _____</p><p>⑆041000153⑆ 12345678⑈ 0101</p><p>Bank Routing Number    Account Number</p></div>	<p>If you have questions about your Bank Routing Number or Account Number, please request assistance from your Financial Institution.</p>
---	---

Signature	Date
-----------	------

**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 C.F.R. § 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.