



U.S. Department of Justice • Office of Justice Programs • Office for Victims of Crime

INTERNATIONAL TERRORISM VICTIM EXPENSE REIMBURSEMENT PROGRAM
ACH FORM – Required for Payment

TO BE COMPLETED BY THE OFFICE FOR VICTIMS OF CRIME			
DATE:		CLAIM/INVOICE #:	
VICTIM NAME:		CLAIMANT NAME:	
VICTIM ID:		CLAIMANT ID/VENDOR #:	
AMOUNT TO BE PAID:			

TO BE COMPLETED BY CLAIMANT	
PAYEE NAME	RELATIONSHIP TO VICTIM
Contact Information:	
MAILING ADDRESS	TELEPHONE
	FAX
EMAIL	
OTHER	

For EFT (Electronic Funds Transfer) Payments <i>(required)</i> :
PAYEE/VENDOR NAME
FULL BANK NAME
BANK ROUTING NUMBER <input type="checkbox"/> _____ <input type="checkbox"/> _____
ACCOUNT NUMBER
ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings

For Check Payments <i>(Please note: This option is only available for overseas payments without EFT access)</i> :	
MAILING ADDRESS (If different from above)	PREFERRED METHOD OF DELIVERY <input type="checkbox"/> USPS <input type="checkbox"/> Courier <input type="checkbox"/> Nearest Embassy: _____ <input type="checkbox"/> Other: _____