



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	
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: _____