

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:	
Phone:	
Fax:	
Email:	
Other:	
For EFT (Electronic Funds Transfer) Payments (required):	
Payee/Vendor Name:	
Full Bank Name:	
Bank Routing Name:	
Account Number:	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
For Check Payments (Please note: This option is only available for overseas payments without EFT access):	
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: _____