Harry **S**. **T**ruman **M**emorial **V**eterans **H**ospital
800 Hospital Dr.
Columbia, MO 65201
ATTN: Finance

Travel Voucher Direct Deposit Form

Veterans Name _____ SSN _____

Address _____

_____

Telephone Number (____) _____

Do you receive a check form VA for Service-connected disability, pension or aid & attendance: ☐ Yes ☐ No

Contact Person if other than Veteran _____

Or Attach Voided Check Below

Name of Financial Institution:_____

Routing Number:

Account Number:

Checking ☐ Savings ☐

If you did not complete all the blanks above, please attach a voided check or deposit slip

Name
Address

1234

Pay to the
Order of _____ $

VOID

Memo_____ _____

I: 000000000 **I: 123456789101**

This is your Routing Number

This is your Account Number

Return this form to the Harry S. Truman Memorial Veterans' Hospital (attn: Fin/Acct) or fax to (573) 814-6681