**[On School Letterhead]**

Facility Name

Facility Address

Facility City, State Zip

[Date]

Attention ELR:

SUBJECT: Change in Direct Deposit Information

Please update [Facility Name]’s Post-9/11 GI Bill® Electronic Funds Transfer Account information. Our tax id, facility code, and banking information are provided below.

School Tax ID             XX-XXXXXXX

Facility Code               X-X-XXXX-XX

Name of Bank           [Name of Financial Institution]

Street Address           [Street Address of Financial Institution]

Unit/Bldg. Number   [Unit/Bldg. Number]

City, State, Zip            [City, State, Zip]

Routing Number        [9-digit routing number]

Account Number       [Account Number]

Account Type              [Checking or Savings]

If you have any questions or concerns regarding this request, you may contact me at [telephone number and email address].

Respectfully,

[Name of Signing Official]

[Title of Signing Official]