

Webform User Guide

VA Financial Account Creation (Vendor File Request) and Updates For Direct Deposit/EFT Enrollment available through VAs Customer Engagement Portal

Introduction

A web version of VA's legacy VA Form 10091, VA-FSC Vendor File Request Form is now available to all vendors to include medical providers, caregivers, individuals, and Veterans. *

This guide provides step-by-step instructions for anyone who needs to add themselves to the VA financial system to receive a payment or benefit must complete the vendor file form. The same goes for vendors who need to update their existing record in the VA financial system.

The Green boxes in this guide are used to draw your attention to specific areas on the web form that correspond to the instructions to aid you in your navigation of the web form.

Before Getting Started

You must have an active email address.

For new accounts/enrollments, please have the following readily available:

- Your bank's name
- Your bank account number
- Your bank's routing number

If updating a previous enrollment, you must also have the following readily available:

- Your previous bank's name
- Your previous bank's account number, and
- Your previous bank's routing number

Need Help?

See the <u>Frequently Asked Questions/Need Additional Assistance?</u> section located on page 10.

*Note: Instead of using the CEP webform, the VA employees (with a VA.gov email handle) must use the Customer Resolution Management, VA Employee Self Service portal to update their account.

Welcome to the VA Customer Engagement Portal (CEP)

After logging in through **ID.me**, the **Customer Engagement Portal** home page will appear. On the home page, locate the **Vendor Account Setup and Updates** "Login" button.

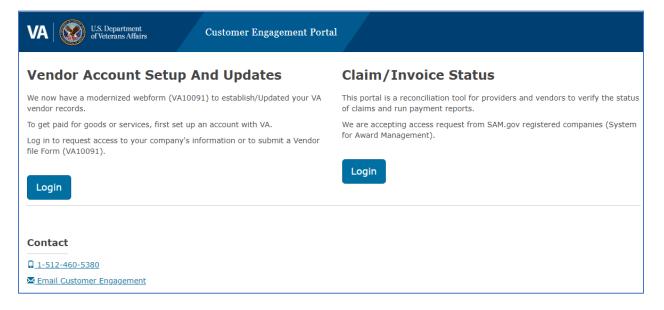
Things you will need to get started: Your current banking information where you want your payments to go to, and if this is an update to a previous enrollment, you will need your previous banking information. Again, since you must complete the form in one sitting, we strongly recommend having your banking information (i.e. – name, account number, routing number) readily available prior to starting.

Time to complete: Completing the webform should take 5 to 20 minutes. Once you start your form, you cannot save your progress or information to go back to later.

1. After reading the Authorized Use Only, click "I Agree".

| V | A U.S. Department of Veterans Affairs | | | | | |
|---|--|--|--|--|--|--|
| | • | | | | | |
| | Authorized Use Only | | | | | |
| | VA systems are intended to be used by authorized VA network users for viewing and retrieving information only; except as otherwise explicitly authorized for official business and limited personal use under VA policy. Information from this system resides on and transmits through computer systems and networks funded by the VA. All access or use constitutes understanding and acceptance that there is no reasonable expectation of privacy in the use of Government networks or systems. All access or use of this system constitutes user understanding and acceptance of these terms and constitutes unconditional consent to review and action including (but not limited to) monitoring; recording; copying; auditing; inspecting; investigating; restricting access; blocking; tracking; disclosing to authorized personnel. Unauthorized actions by all authorized VA and law enforcement personnel. Unauthorized user attempts or acts to | | | | | |
| | Access; upload; download; change; or delete information on this system Modify this system | | | | | |
| | Deny access to this system Accrue resources for unauthorized use | | | | | |
| | Accrue resources for unauthorized use Otherwise misuse this system are strictly prohibited | | | | | |
| | Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties. | | | | | |

2. Click the "Login" button under the **Vendor Account Setup and Updates** header. (Note: Do not click on the "Claim/Invoice Status" Login button as it will direct you to the part of the Customer Engagement Portal for that activity.)



The **Customer Engagement Portal** Vendor File Form has 5 specific sections – **Tax ID Information, Payee Information, Address/Bank Information, Add Authorized Representative Contact/s,** and **Review**. To track your progress, the form highlights the stage you are in with a visual reference at the top of the screen. You may go back to any previous section at any time by selecting the section name; however, you can only progress through the form as you complete each of the sections.



Section 1 – TAX ID Information

1. Enter your **TAX ID** or **Social Security Number** (both are 9-digit numbers) and then re-enter it again in the free text fields. (Note: Click on the "eyeball" in the free text field if you need to review what you entered.)

| VA W U.S. Department of Veterans Affair | s Customer Engagement Portal User Name | | | | | | | |
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| 🔒 Home | Vendor File Form O | | | | | | | |
| 🔒 Scheduled Reports | 1 2 3 4 5 | | | | | | | |
| 👤 My Profile | TAX ID Information Payee Information Address/Bank Information Add Authorized Representative Contact/s Review | | | | | | | |
| General Info | General Info Welcome IESSICA ALBA | | | | | | | |
| @ Contact Us | | | | | | | | |
| Tax Identification Number/Social Security Number ① • Recenter TAX IDXSN 00 - Recenter TAX IDXSN 00 - New (Bronding with the VA Financial Services Center for the first time or adding a new location, select New) O Hoed (Bronding with the VA Financial Services Center for the first time or adding a new location, select New) O Hoed (Bronding with the VA Financial Services Center for the first time or adding a new location, select Update) Note: SAM Vendors: Please have your 12-character Unique Entity Identifier (UEI) and 4-digit EFT Indicator information readily available. Updates to your banking records must be made in SAM.gov. | | | | | | | | |

- Select the appropriate Request Type either New or Update. Unless you already have an active VA vendor record (completed this process previously either online or through the pdf VA Form 10091 form), select New. If in doubt, select New.
- 3. For the question "Is the account that you are adding or updating registered with SAM.gov", unless you are a SAM.gov vendor, select **No**. If in doubt, select **No**. If you are a SAM.gov vendor select **Yes** and then add your **UEI** (and **EFT indicator**) in the appropriate fields.
- 4. Click Next.

| Tax Identification Number/Social Security Number ③ * | | | | | | | |
|--|--|--|--|--|--|--|--|
| Re-enter TAX ID/SSN ③ * | | | | | | | |
| Request Type * | | | | | | | |
| New (Enrolling with the VA Financial Services Center for the first time or adding a new location, select New) | | | | | | | |
| Update (If you are an Authorized Representative and need to update existing information, select Update) | | | | | | | |
| Note: SAM Vendors: Please have your 12-character Unique Entity Identifier (UEI) and 4-digit EFT Indicator information readily available. Updates to your banking records must be made in SAM.gov. | | | | | | | |
| Is the account that you are adding or updating registered with SAM.gov? ⑦ ★ ○ Yes ● No | | | | | | | |
| | | | | | | | |
| Alphanumeric. Ex: 1234567890AB | | | | | | | |
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Section 2 – Payee Information

- 1. Pull down on the **Payee Type** drop down menu and select the most appropriate Payee Type for you.
 - a. Medical Provider: A commercial vendor who has an NPI and generally submits a medical claim for goods or services provided.
 - b. Utility: A commercial vendor who provide utility type services.
 - c. Individual: A non-commercial vendor that is not a caregiver or Veteran.
 - d. Foreign: All commercial vendor not of US-origin.
 - e. Commercial/ALAC: All commercial vendors not covered by a more specific vendor type in this list of Payee Types. Also, select this Payee Type if you are a VA Administrative and Loan Accounting Center (ALAC) vendor.
 - f. Caregiver: An individual who provides care to Veteran and may or may not have an NPI.
 - g. Veteran: An former member of the United States Uniformed Services.
 - h. Vocational Rehabilitation and Employment (VR&E): Commercial Vendors who are specific to VA's VR&E program.

| Vendor File Form | O |
|---|--|
| 1 2 3 4 TAX ID Information Payee Information Address/Bank Information Add Authorized Representativ | e Contact/s Beview |
| Payee/Vendor Information | Payee Type ③ ★ |
| Payee Type ? * Select Payee/Vendor Name ? * DBA ? | Select Medical Provider Utility Individual Foreign Commercial/ALAC Caregiver |
| << Back Next >> | Veteran Vocational Rehabilitation & Employment (VR&E) |

- 2. After selecting the **Payee Type**, enter your legal first and last name or legal business name at it is on file with the IRS in the **Payee/Vendor Name** field.
- 3. If you have a Doing Business As name, enter it into the **DBA** field.
- 4. If you have a National Provider Identifier (**NPI**) in the **NPI** field *if you have one*. If in doubt, leave it blank.
- 5. Click Next.

| Payee Type 🕐 \star | | | |
|--|-------------------------|---------|--|
| Caregiver | ~ |] | |
| Note: Individual care givers to instead of Company name. | provide their legal nam | 9 | |
| Pavee/Vendor Name 💿 ★ | | DBA (?) | |
| <your -="" caregiver="" name="" not<="" td=""><td>he Veteran></td><td></td><td></td></your> | he Veteran> | | |



Section 3 – Address/Bank Information

- 1. Enter your **Current Payee Mailing Address** by completing the Address, City State and Zip code fields. (Though VA does not intend to send you mail because of this process, VA may. VA may use this address to verify your identity.)
- 2. Scroll down to enter your banking information.
- 3. Enter your Bank Routing Number. This will auto-populate the Bank Name field.
- 4. If the **Bank Name** is incorrect, edit as needed; however, if correct, skip any edits.
- Enter your Bank Account Number*. To ensure accuracy, Re-Enter your Account Number. (If using a paper check for reference, do not include the check number as part of the Account Number.)
- 6. Select the appropriate Account Type. If in doubt, select Checking.
- 7. The **Notes** field is optional. Add notes as needed or leave blank.

| Zip * 11754 |] | | | | | |
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| ank Name * | | | | | | |
| NC BANK NATIONAL ASSOCIATION | 1 | | | | | |
| e-enter Account Number * | | | | | | |
| | | | | | | |
| e-enter Account Number * | | | | | | |
| B | | Bank Name * PNC BANK NATIONAL ASSOCIATION |

8. Click Next.

Section 4 – Add Authorized Representative Contact/s Note: Adding an Authorized Representative is OPTIONAL!

As the form indicates, an **Authorized Representative** is a person you are authorizing to represent you and once designated is authorized to change your vendor file information that is stored in VA's financial system (aka, your vendor file) to include your banking and address information. Please note, this does not authorize this individual(s) to update any other VA records with VHA, VBA, NCA or any other staff offices.

- 1. The top portion of this form will auto-populate with the **First Name**, **Last Name**, **Email Address** and **Phone Number** you shared with ID.me as you are automatically designated as your own **Authorized Representative**. (Note: If your email is incorrect, you must go to ID.me to correct it.)
- 2. Add your Official Title (i.e., Mr., Ms., Mrs., or Dr.).
- 3. If <u>you do not have</u> an **Authorized Representative**, click **Next** and you will be taken to the next section of the process and may skip the rest of the instruction in this area.

| 1 2 3 | 3 |
|---|---|
| TAX ID Information Payee Information Address/B | ank Information Add Authorized Representative Contact/s Review |
| | |
| Authorized Representative Contact Informat | lon |
| ndividual(s) designated on this form as "Authorized Repre | sentative(s)" are permitted to make changes to company information stored in the Veterans Affairs (VAs) financial system. |
| | |
| t is strongly advised to designate a Primary and an Alterna | ate representative. Once the vendor record is established, requests submitted by non-ARs will not be processed. Additionally, only ARs can add or remove other ARs from our database. |
| xamples of ARs: | |
| Company Owner | |
| Company Owner Chief Financial Officer (CFO) | |
| Accounts Receivable Manager | |
| Accounting or Billing Representative | |
| | |
| | |
| First Name * | Last Name # |
| IESSICA | ALBA |
| Official Title * | Final Address * |
| | ntiwari.gm@gmail.com |
| Phone Number * | Fax Number |
| 6093566219 | |
| Lancester | |
| | |
| | |
| Add Additional Contact | |
| | |
| Notes | |
| NOLES | |
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- 4. If <u>you do have</u> an Authorized Representative, click the +Add Additional Contact.
- 5. Enter your Authorized Representative's information in the required fields (First Name, Last Name, Official Title (i.e. Mr., Ms., Dr.), Email Address, and Phone Number) for your designated Authorized Representative.
- 6. Repeat this process for every Authorized Representative you want to designate.
- 7. Click Next when done.

| , I | | | X Delete | | | | |
|---------|--------------------------|-----------------|----------|--|--|--|--|
| | First Name* | Last Name * | | | | | |
| | Official Title * | Email Address * | | | | | |
| | Phone Number* | Fax Number | | | | | |
| | | | | | | | |
| 💠 Ac | Add Additional Contact | | | | | | |
| No | Notes | | | | | | |
| Enter a | Enter any Notes/Comments | | | | | | |
| | | | | | | | |
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Section 5 – Review

All the information entered in the previous 4 sections will carry over to this **Review** section and should be reviewed for accuracy/correctness (typos) prior to submission.

- 1. To Review the information in a Specific section, click the carrot or Section name to be reviewed. This will expand the data captured in this Section.
- 2. If any of the information is incorrect, go back to the appropriate section by clicking on the Section heading at the top (form progress numbers) or click the **Back** button.
- 3. If the information entered is accurate/correct, review the certification statement at the bottom of the page. If you agree to the statement, select the checkbox next to the statement.
- 4. When done, click **Finish**.

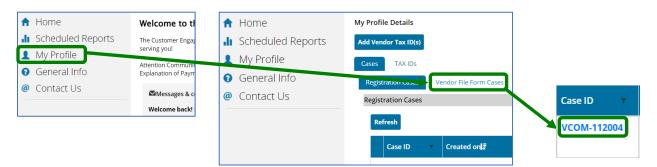
| /endor File Form | | | | | | | |
|--|-------------------|--------------------------|---|--------|--|--|--|
| 1 | 2 | 3 | 4 | 5 | | | |
| TAX ID Information | Payee Information | Address/Bank Information | Add Authorized Representative Contact/s | Review | | | |
| > Payee/Vend | lor Information | | | | | | |
| > Address Info | ormation | | | | | | |
| > Bank Inform | nation | | | | | | |
| Authorized Representative Information | | | | | | | |
| | | | | | | | |
| I certify that the information submitted on this form is true and correct and I am authorized to submit this information. Per Title 18 U.S. Section 1001, anyone who knowingly falsifies this document may be subject to fines and/or up to five (5) years imprisonment. | | | | | | | |
| | | << Back | Finish | | | | |

Once the page accepts the entry, a Case Number (which is a help desk ticket) is generated for the transaction. Expect to receive an email from "FSC.CustomerSupportDoNotReply@va.gov" with your Case Number. Please allow up to two weeks for the Financial Services Center team to process your transaction. You should expect another email from the same email address letting you know when your case was completed ("Resolved").

Frequently Asked Questions

Question: After I submit my webform, when can I check the status of the form?

Answer: After submitting the webform, you may check the status of your webform from the Customer Engagement Portal home page. Select "My Profile" which opens a screen that displays the "Vendor File Form Cases". Then select the case number issued to you when you submit your form. The case number starts with "VCOM" followed by a dash and a number.



Question: I submit my webform, but never received a Case Number (a help desk ticket number) or an email with a Case Number, can I call the FSC help desk (FSC Call Care Center) for a status update?

Answer: If the system did not generate a Case Number at the time of submission, and you do not see a Case Number under your My Profile, Vendor File Form Cases, it is most likely your submission failed and needs to be resubmit. Without a Case Number, the FSC help desk (FSC Call Care Center) may be limited in their ability to provide support and they most likely ask you to resubmit your form.

Question: If my initial webform was successful and I received a Case Number, can I call the help desk (FSC Call Care Center) for a status update?

Answer: After you submit the webform, *please wait up to 15-days* to contact the VA FSC for follow up/status updates. If you did not receive an email update by that time, yes, you may call the FSC Call Care Center for a status update.

Need Additional Assistance?

If you need assistance, please contact the VA FSC's help desk (Customer Care Center) at 1-877-353-9791. Please have your Case Number readily available as this will help them locate your request.

Thank you for you service to our Nation's Veterans!