

BANK/CREDIT UNION COMMITMENT FORM



The Veterans Benefits Banking Program (VBBP) provides all Veterans, their beneficiaries, and their caregivers -- "VA benefit recipients" -- a safe, reliable, and inexpensive way to receive and manage VA monetary benefits or stipends by depositing funds directly into their existing bank accounts or new accounts offered by participating banks and credit unions.

Date: _____

As a VBBP participating bank or credit union, your institution must be committed to helping Veterans, beneficiaries, survivors, and caregivers gain access to the financial products, services, and support they need. This commitment requires two independent but equally important undertakings:

1. You must agree to provide all VA beneficiaries access to a low-to-no-cost checking account when they bring a direct deposit.
2. You must agree to help veterans overcome obstacles preventing them from opening a checking account.

Beyond these agreements, there is no cost to participate in the VBBP network.

VBBP Key Points

- VBBP seeks to simplify banking choices by helping eligible VA benefit recipients select the right bank or credit union to manage their benefits.
- Currently, VA benefit recipients may choose among three available options for receiving VA monetary benefits:
 - Direct deposit into an existing or new bank account
 - Electronic funds transfer (EFT) to a Direct Express® prepaid card or other prepaid card
 - Pre-approved benefit recipients still eligible to receive a paper check after receiving an EFT waiver from the U.S. Department of the Treasury
- VBBP introduces banking options to eligible VA benefit recipients who do not currently have bank or credit union accounts.
- VBBP does not require VA benefit recipients who are satisfied with their current financial situation to change how they receive their VA monetary benefits.
- Neither VA nor AMBA endorses any particular bank or credit union, and VA benefit recipients are not required to use them.

To join VBBP as a participating bank or credit union, a financial institution must commit to providing the following products and services to eligible VA benefit recipients.

Please check each box, below, to signify your agreement. (Red box is required field.)

Offer a low-to-no-cost checking account (no monthly maintenance fees) with no minimum balance, to a VA benefit recipient who brings a monthly government deposit to the institution.

Offer assistance to a VA benefit recipient who does not currently qualify to open an account. At the financial institution's discretion, this assistance can be provided through financial products, education, and/or counseling.

Please submit your logo along with completed VBBP Commitment Form.

Provide URL here for your designated VBBP landing page: _____

***Credit Unions only: The following additional information is needed from participating credit unions to assist VA benefit recipients in selecting a VBBP financial institution best suited for their financial needs.**

If the credit union has a specific field of membership, details will be required as part of the financial institution description.

The credit union must disclose the share account amount due at account opening and other share account requirements as part of the financial institution description.

Bank/Credit Union Name: _____

Do you have a credit building product? Yes No

Primary Point of Contact:

Name: _____ Title: _____

E-Mail: _____ Phone: _____

Secondary Point of Contact:

Name: _____ Title: _____

E-Mail: _____ Phone: _____

Provide a 180-Word Description: *Craft a succinct and engaging 180-word description of your bank's involvement in VBBP. This description will spotlight your dedication to serving veterans' financial needs. We understand that there may be a charge for paper statements, if so, please add that cost to your description.*

List U.S. States/Territories or Countries where your branches are located: *(Please submit in a separate sheet, if necessary).*

U.S. States/Territories: _____

Countries: _____

List U.S. States/Territories or Countries where you are able to digitally bank customers, you may enter **all** or **none** in the boxes below or list the locations. *(Please submit in a separate sheet, if necessary).*

U.S. States/Territories: _____

Countries: _____

For any questions about the VBBP Commitment Form or program please contact:

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Or visit our site: <https://veteransbenefitsbanking.org>



By submitting the VBBP Commitment Form, you agree to receive updates and changes from the VBBP team. Opt out by checking the box if you prefer not to be contacted.