

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

OMB No. 1510-0056

This form is used for Automated Clearinghouse House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

<b>PRIVACY ACT STATEMENT</b>
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means, to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

<b>AGENCY INFORMATION</b>
Federal Program Agency: <b>CORPORATION FOR NATIONAL AND COMMUNITY SERVICE</b>
Agency Identifier: _____ Agency Location Code (ALC): _____ ACH Format: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
Address: <b>1201 New York Avenue, NW Washington, D.C. 20525</b>
Contact Persons: <b>Maggie Taylor-Coates</b> Telephone No. <b>( 202 ) 606-6964</b>
Additional Information: <b>Please fax completed form to EFT Coordinator at (202) 606-3484</b>

<b>PAYEE/COMPANY INFORMATION</b>	
Name: _____	SSN No. or Taxpayer ID No. _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Contact Person Name: _____	Telephone Number: _____ ( ) -
Contact's Title: _____	Contact's Email Address: _____

<b>FINANCIAL INSTITUTION INFORMATION</b>	
Name: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
ACH Coordinator Name: _____	
Nine Digit Routing Transit Number: _____	
Depositor Account Title: _____	
Deposit Account Number: _____	Lockbox Number: _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Lockbox	
Signature and Title of Authorizing Official (Could be the same as the ACH Coordinator): _____	Telephone Number: _____ ( ) -