INTERNET ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT/FORM

This form is used for Automated Clearing 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.

PRIVACY ACT STATEMENT

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 US.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 institutions. Failure to provide requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System.

AGENCY INFORMATION

SOCIAL SECURITY ADMINI	STRATION		
FEDERAL PROGRAM AGENC	Y:		
SSA	28040	001	CCD+
AGENCY IDENTIFIER: AGENCY LOCATION CODE (ALQ): ACH FORMAT:			
SOCIAL SECURITY ADMINISTRATION, P.O. BOX 47, BALTIMORE, MD 21235-0047			
ADDRESS:			
CUSTOMER SERVICE STA	<u>FF, OFFICE OF FIN</u>	ANCE, SSA	(410) 965-0607
CONTACT PERSON'S NAME:			TELEPHONE NUMBER:
FAX NUMBER (410) 965-924 ADDITIONAL INFORMATION:	48		
ADDITIONAL INFORMATION:			
PAYEE/COMPANY INFORMATION			
NAME:		SSN N	NO. OR TAXPAYER ID NO.:
		<u></u>	
ADDRESS:			
CONTACT PERSON'S NAME:		Т	ELEPHONE NUMBER:
	FINANCIAL INS	TITLITION INFO	PMATION
	T III ANOIAL INO		MATION
NAME:			
NAME.			
ADDRESS:			
7.55.1.256.			
ACH COORDINATOR NAME: (FINANCIAL INSTITU	ΓΙΟΝ REP.)	TELEPHONE NUMBER:
		,	
NINE-DIGIT ROUTING TRANS	T NUMBER:		
DEPOSITOR ACCOUNT TITLE	:		
		Існ	ECKING SAVINGS
DEPOSITOR ACCOUNT NUME	BER:		OF ACCOUNT: (CHECK ONE)
SIGNATURE AND TITLE OF A	UTHORIZED OFFICIA	\L:	TELEPHONE NUMBER:

OMB NO. 1510-0056 EXPIRATION DATE: 06/30/93 NSN 7540-01-274-9925 SF 3881(REV.12/90) PRESCRIBED BY DEPARTMENT OF TREASURY 31USC3322,31CFR210

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