

CONGRESSIONAL BUDGET OFFICE

Vendor Survey Form

USAGE: The Debt Collection Improvement Act of 1996 requires federal agencies to pay individuals and corporate vendor invoices through Electronic Fund Transfer (EFT) after July 26, 1996. The following information is required by the Congressional Budget Office (CBO) to enable a form of EFT payment called Automated Clearing House (ACH). The information will be kept in an automated vendor database and used for official CBO business. The vendor code may be used to collect or report any delinquent amounts in accordance with the Debt Collection Improvement Act of 1996.

MAIL COMPLETED FORM TO:
Congressional Budget Office
Procurement Services
FHOB, Room 405
Washington, DC 20515
OR FAX TO: (202) 226-2714

Mail or Fax this form to CBO as soon as possible. Keep a copy for your records. It is the vendor's responsibility to notify CBO in writing when any changes to this information occur.

Section 1: FEDERAL TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)

--	--	--	--	--	--	--	--	--	--

Type of Business

Corporation Partnership Sole Proprietor or Independent Contractor Non-Profit Government Agency University

Name of Business: _____ Alternate Name (Doing Business As) _____
or Individual

Correspondence/
Purchase Order
Address:

City: _____ State: Zip: _____ - _____ Country: _____

Contact Name: _____ Phone Number: (____) _____ - _____

Contact Email: _____ Fax Number: (____) _____ - _____

Section 2: REMITTANCE ADDRESS (Complete only if different from the address above)

Remittance
Address:

City: _____ State: Zip: - Country: _____

Financial Contact Name: _____ Phone Number: (____) _____ - _____

Financial Contact Email: _____ Fax Number: (____) _____ - _____

Section 3: ACH FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Routing Transmit Number

--	--	--	--	--	--	--	--	--	--

Account Number: _____

Checking Savings

City: _____ State: Zip: -

Account Title: (if different from the name of business or individual) _____

Section 4: CERTIFICATION OF INFORMATION

I understand that CBO will make payments by ACH and have provided ACH financial institution information.

Name: _____ Title/Position: _____ Phone: (____) _____ - _____

Signature: _____ Date: _____

For CBO Use Only

Momentum Input by	Date	Issue IRS 1099	Reviewed by	Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No		