

## LIBRARY OF CONGRESS - Financial Information Request

LC ORIGINATING OFFICE	LC CONTACT PERSON NAME	TELEPHONE NO. (    )	DATE
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INSTRUCTIONS: The Debt Collection Improvement Act of 1996 requires Federal agencies to pay individual and corporate vendor invoices through Electronic Fund Transfer (EFT) after July 26, 1996. The following information is required by the Library of Congress to enable a form of EFT payment called Automated Clearing House (ACH). The information will be kept in an automated vendor database and used only for official Library business. Mail or FAX this survey to the Library of Congress as soon as possible. Keep a copy of this form for your files and notify the Library if changes occur. See verso for ACH account information regarding the status of vendor invoices, invoice payments, and other transactions at: [www.loc.gov/about/business](http://www.loc.gov/about/business)

**MAIL TO:** Library of Congress  
Accounting Division  
101 Independence Avenue, SE  
Washington, DC 20540-9110

**OR FAX TO:** 202-707-4261

VENDOR CODE	<ul style="list-style-type: none"> <li>Corporations or partnerships use Federal Taxpayer Identification Number (TIN)</li> <li>Independent contractors or sole proprietors use Social Security Number (SSN)</li> <li>Foreign firms with TIN, do not enter number. The Library of Congress will assign number.</li> </ul>
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TYPE OF BUSINESS				
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor or Independent Contractor	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Government Agency <input type="checkbox"/> University

NAME OF BUSINESS OR INDIVIDUAL
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### YOUR ADDRESS FOR FINANCIAL MATTERS

ADDRESS LINE 1 <i>(P.O. Box, or Number and Street)</i>			
ADDRESS LINE 2 <i>(Building, Suite, etc.)</i>			
CITY	STATE	ZIP CODE	COUNTRY
E-MAIL ADDRESS			

### YOUR CORRESPONDING ADDRESS *(Complete only if different than address above)*

ADDRESS LINE 1 <i>(P.O. Box, or Number and Street)</i>			
ADDRESS LINE 2 <i>(Building, Suite, etc.)</i>			
CITY	STATE	ZIP CODE	COUNTRY
E-MAIL ADDRESS			

### ACH FINANCIAL INSTITUTION INFORMATION *(See Verso)*

FINANCIAL INSTITUTION NAME	ROUTING TRANSIT NUMBER
ACCOUNT NUMBER	TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings
CITY	STATE      ZIP CODE
ACCOUNT TITLE <i>(if different from name of business or individual)</i>	

### CERTIFICATION OF INFORMATION

I understand that the Library will make payments by ACH and have provided ACH financial institution information.		
NAME	TITLE/POSITION	TELEPHONE NO. (    )
SIGNATURE	DATE	

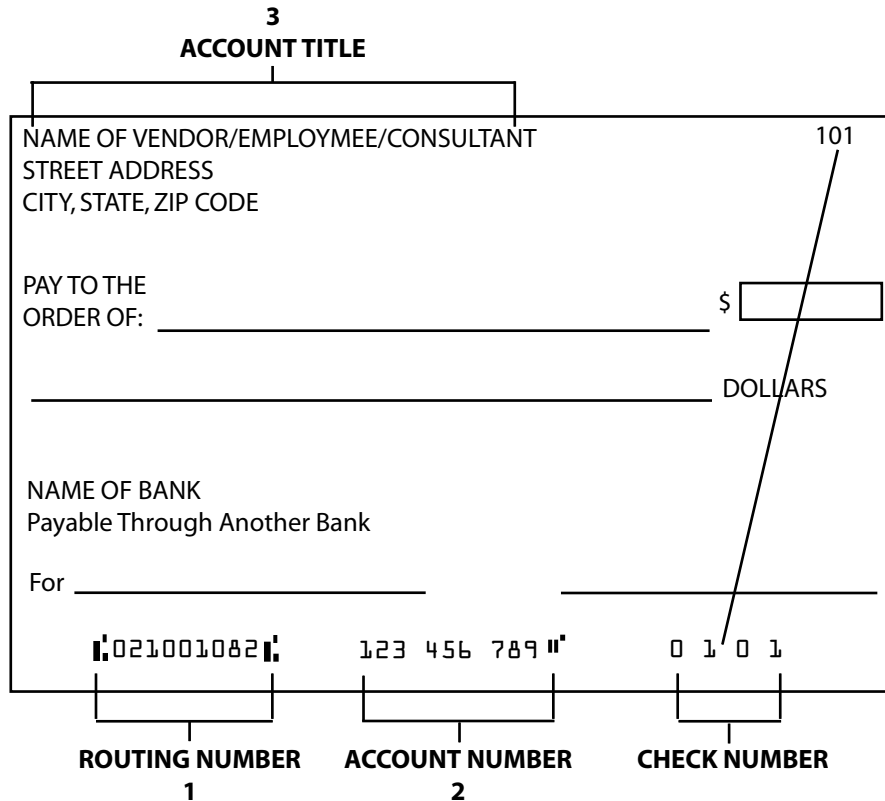
### FOR LIBRARY OF CONGRESS USE ONLY

FSD/AD: V TYPE	ISSUE IRS FORM 1099	INPUT BY	DATE	REVIEWED BY	DATE
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## ACH ACCOUNT INFORMATION

- ROUTING TRANSIT NUMBER ( financial institution 9-digit routing transit number)
- ACCOUNT NUMBER (account number at financial institution)
- ACCOUNT TITLE (the vendor/employee/consultant's name on the account at the financial institution)
- FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.



1. **ROUTING TRANSIT NUMBER** - Here you would put your bank's RTN for ACH, in this example, 021001082. No spaces or other punctuation are required by the Library.
2. **ACCOUNT NUMBER** - Here you would put your account number, in this example, 123456789. No spaces or other punctuation are required by the Library.
3. **ACCOUNT TITLE** - Must include vendor/employee/consultant's name.
4. **FINANCIAL INSTITUTION NAME**
5. If check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for ACH processing.