## RURAL UTILITIES SERVICE BORROWER ACH PAYMENT FORM

## 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 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 borrower's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House (ACH) Payment System.

| AGENCY INFORMATION    |                             |                   |  |  |  |  |
|-----------------------|-----------------------------|-------------------|--|--|--|--|
| FEDERAL PROGRAM AGEN  | ICY:                        |                   |  |  |  |  |
| Rural Utilities Ser   | rvice                       |                   |  |  |  |  |
| AGENCY IDENTIFIER:    | AGENCY LOCATION CODE (ALC): | ACH FORMAT:       |  |  |  |  |
|                       | 12310100                    | CCD+ CTX CTP      |  |  |  |  |
| address: USDA/RUS/ASD |                             |                   |  |  |  |  |
| 1400 Inde             | ependence Avenue, SW        |                   |  |  |  |  |
| STOP 15               | 50, Room 2845-S. Bldg.      |                   |  |  |  |  |
| Washingt              | on, D.C. 20250-1550         |                   |  |  |  |  |
| CONTACT PERSON NAME:  |                             | TELEPHONE NUMBER: |  |  |  |  |
| Shelia Vallot         |                             | (202) 720-0710    |  |  |  |  |
| ADDITIONAL INFORMATIC | N:                          |                   |  |  |  |  |

| PAYEE/COMPANY INFORMATION |                             |  |  |  |
|---------------------------|-----------------------------|--|--|--|
| NAME:                     | SSN NO. OR TAXPAYER ID NO.: |  |  |  |
| ADDRESS:                  |                             |  |  |  |
|                           |                             |  |  |  |
|                           |                             |  |  |  |
| CONTACT PERSON NAME:      | TELEPHONE NUMBER:           |  |  |  |

| FINANCIAL INSTITUTION INFORMATION   |         |               |               |  |  |
|---|---------|---------------|---------------|--|--|
| NAME:   |         |               |               |  |  |
| ADDRESS:  |         |               |               |  |  |
|   |         |               |               |  |  |
| ACH COORDINATOR NAME:   |         | TELEPHONE NUM | BER:          |  |  |
| NINE-DIGIT ROUTING TRANSMIT NUMBER:   |         |               |               |  |  |
| DEPOSITOR ACCOUNT TITLE:  |         |               |               |  |  |
| DEPOSITOR ACCOUNT NUMBER:   |         | LOG           | CKBOX NUMBER: |  |  |
| TYPE OF ACCOUNT:  |         | ľ             |               |  |  |
| CHECKING  | SAVINGS |               |               |  |  |
| SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:<br>(Could be the same as ACH Coordinator) |         | TELEPHONE NUM | BER:          |  |  |