

**PAYMENT INFORMATION FORM
ACH VENDOR PAYMENT SYSTEM**

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.

PAPERWORK REDUCTION 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 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.

COMPANY INFORMATION

NAME		TAXPAYER ID NO
ADDRESS		PURCHASE ORDER OR CONTRACT NUMBER _____
		CAGE CODE: _____
		DUNS: _____
CONTACT PERSON NAME:		TELEPHONE NUMBER
		FAX NUMBER

AGENCY INFORMATION

NAME		
ADDRESS		
CONTACT PERSON NAME:	TELEPHONE NUMBER	
	Ph	Fax

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS	
ACH COORDINATOR NAME:	TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER: _____	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER	
TYPE OF ACCOUNT: ___ CHECKING ___ SAVINGS	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER: