

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

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 for 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 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.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY
OFFICE OF JUSTICE PROGRAMS

OJP Grant Number/s:

AGENCY IDENTIFIER:
OJP

AGENCY LOCATION CODE (ALC):
15-04-0001

ADDRESS:
810 Seventh Street, NW Attn: Office of the Comptroller Control Desk

Washington D.C. 20531

CONTACT PERSON NAME:
Office of the Comptroller Customer Service Center

TELEPHONE NUMBER
(800) 458-0786

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

OJP Vendor Number:

NAME:

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:
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FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:
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NINE-DIGIT ROUTING TRANSIT NUMBER: _____

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER

LOCKBOX NUMBER:

TYPE OF ACCOUNT: CHECKING SAVINGS LOCKBOX

SIGNATURE AND TITLE OF AUTHOURIZED OFFICIAL:
(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:
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Instructions for Completing SF 3881 Form

1. Agency Information Section – Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Mail the completed form to this address.
2. Payee/Company Information Section – Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, taxpayer ID number, or OJP assigned vendor number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your Financial Institution Information Section.
3. Financial Institution Information Section – Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with completing this form is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.