

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. Recipient of these payments should bring this information to the attention of their financial institution when presenting this form 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 provisions 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 the 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

Form section for Agency Information containing fields for Federal Program Agency, Agency Identifier, Agency Location Code, ACH Format, Address, Contact Person Name, Telephone Number, and Additional Information.

PAYEE/COMPANY INFORMATION

Form section for Payee/Company Information containing fields for Name, SSN No or Taxpayer ID No, Address, Contact Person Name, and Telephone Number.

FINANCIAL INSTITUTION INFORMATION

Form section for Financial Institution Information containing fields for Name, Address, ACH Coordinator Name, Telephone Number, Nine Digit Routing Transit Number, Depositor Account Title, Depositor Account Number, Lockbox Number, Type of Account, and Signature and Title of Authorized Official.

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