



U.S. House of Representatives

ACH Vendor/Miscellaneous Payment Enrollment 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 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.

SECTION I

U.S. HOUSE OF REPRESENTATIVES

AGENCY IDENTIFIER: 53-6002523	AGENCY LOCATION CODE (ALC): 00004832
ADDRESS: Office of Financial Solutions	
Room 336 Ford House Office Building, Washington, DC 20515	
CONTACT PERSON NAME: EFT Help Line	TELEPHONE NUMBER: (202) 226-2277

SECTION II

PAYEE / COMPANY INFORMATION

NAME:	SSN NO. OR TAXPAYER NO.:
ADDRESS:	
E-MAIL ADDRESS:	
CONTACT PERSON NAME:	TELEPHONE NUMBER: ()

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER: _____	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	

SECTION III

CERTIFICATION OF DATA

NAME:	TITLE/POSITION:
SIGNATURE:	DATE:
	TELEPHONE NUMBER: ()