

DATE _____

PLEASE FAX BACK TO JOAN FITE @ 708-786-7525

ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORMOMB No. 1510-0056
Expiration Date 01/31/2000

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.

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

Department of Veterans Affairs - Financial Services Center

AGENCY IDENTIFIER:

111036183

AGENCY LOCATION CODE (ALC):

36001200

ACH FORMAT:

 CCD+ CTX CTP

ADDRESS:

PO Box 149971

Austin, TX 78714-8971

CONTACT PERSON NAME:

VENDORIZING UNIT

TELEPHONE NUMBER:

(512) 460-5049

ADDITIONAL INFORMATION:

Fax Completed Form to 512-460-5221, Additional Questions or Payment Inquiries Call 1-877-353-9791

PAYEE/COMPANY INFORMATION

NAME

SSN NO. OR TAXPAYER ID NO.

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 AUTHORIZED OFFICIAL:

(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

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SF 3881 INSTRUCTIONS

Top of the Form: Circle if this information is an addition or a change to existing vendor information. Sta Number is the VA station with which the vendor is doing business, Sta contact is the name of a person at the station to contact and their telephone number.
(Sta no, contact and telephone info may be filled out by station submitting vendor information)

1. Previous Name: If there is a change in name please input previous name.
2. Previous SSN or TIN: If there is a change in SSN or TIN please input previous SSN or TIN.
3. Current Name: Current name of company or individual.
4. Current SSN or TIN: Current Social Security Number if an Individual or Taxpayer ID if a company or business.
5. Address: Current correspondence address. If not putting EFT information, please put current remit to address.
6. City, State, Zip: Input city, state and zip code for address.
7. Telephone Number: Current telephone number of contact name to include 3 digit area code.
8. Contact Person Name: Name of person to contact for any questions or concerns regarding the information filled out.
9. Comments: Any additional comments pertinent to this form
10. Bank Name: Name of the bank that will handle financial transactions.
11. Bank Address: Current address of the bank.
12. City, State, Zip: Same as above.
13. ACH Coordinator Name: Name of person at the bank that handles ACH banking transactions.
(The bank may be contacted for that information.)
14. Telephone: Telephone number of the ACH Coordinator
15. Nine Digit Routing Transit Number: Nine digit bank routing number (must start with a number less than 5) used for ACH transfers. Number may be received from the bank or from a check.
(The number on the deposit slip may not be utilized as the bank routing number.)
16. Deposit Account Title: Name on the bank account.
17. Depositi Account Number: Account number with the bank.
18. Type of Account: Choose one, checking or savings.
19. ACH Format: Choose one, CCD+= one deposit for every invoice, CTX= one deposit per day regardless of number of invoices.
20. Signature: Signature of person (ACH Coordinator or Individual who maintains the bank account) who can verify that the banking information is correct. The document must be signed for information to be changed or entered.
21. Telephone Number: Telephone number of the person who signed the document.