

# ACH Traveler Payment Enrollment Form

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

AGENCY INFORMATION		
FEDERAL PROGRAM AGENCY CENTERS FOR DISEASE CONTROL & PREVENTION		
AGENCY IDENTIFIER: CDC	AGENCY LOCATION CODE (ALC): 7509-0421	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS P. O. BOX 15580 MS D06		
ATLANTA, GA 30333		
CONTACT PERSON NAME: Customer Service		TELEPHONE NUMBER: (404) 687-6666
ADDITIONAL INFORMATION		FAX (404) 638-5342

TRAVELER INFORMATION		
TRAVELER'S NAME:	TRAVELER'S SSN	
HOME ADDRESS:		
CITY	STATE	ZIP
TRAVELER'S SIGNATURE:	TELEPHONE NUMBER: (    )	

TRAVELER'S FINANCIAL INSTITUTION INFORMATION		
FINANCIAL INSTITUTION NAME:		
ADDRESS ( OR BRANCH):		
CITY	STATE	ZIP
NINE-DIGIT ROUTING TRANSIT NUMBER: _____		
DEPOSITOR ACCOUNT NUMBER:		
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
ACH COORDINATOR NAME OR AUTHORIZED OFFICIAL AT FINANCIAL INSTITUTION ( NOT REQUIRED):		TELEPHONE NUMBER: (    )

**PRIVACY ACT STATEMENT**

The preceding 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.

