

ACH Vendor/Miscellaneous Payment Enrollment Form

CDC FMO
REVISED 07/20/01

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.

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.

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
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ADDRESS

P. O. BOX 15580 MS D06

ATLANTA, GA 30333

CONTACT PERSON NAME: Customer Service	TELEPHONE NUMBER: (404) 687-6666
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ADDITIONAL INFORMATION

FAX **(404) 638-5342**

PAYEE/COMPANY INFORMATION

PAYEE/COMPANY NAME:	SSN NO. OR TAXPAYER ID NO.
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ADDRESS:

CITY	STATE	ZIP
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CONTACT PERSON NAME:	TELEPHONE NUMBER: ()
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FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME:

ADDRESS (OR BRANCH):

CITY	STATE	ZIP
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NINE-DIGIT ROUTING TRANSIT NUMBER: _____

DEPOSITOR ACCOUNT NUMBER:

TYPE OF ACCOUNT: CHECKING SAVINGS

ACH COORDINATOR NAME OR AUTHORIZED OFFICIAL AT FINANCIAL INSTITUTION (NOT REQUIRED):	TELEPHONE NUMBER: ()
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