

ACH Information

There are three sections comprising the ACH form:

- Agency Information section – Preprinted on form.
- Payee/Company Information Section – Payee (also known as grantee) prints or types the following: identifying information (i.e., name of grantee organization and street address), OJP-assigned vendor number, and the name of the official contact person for the award, and his or her e-mail address and telephone number.

The Depositor Account Title and the name of the organization that received the award should be exactly the same (e.g., award recipient “ABC Police Department” would be considered a different entity from the depositor title “City of ABC”). If the award recipient differs from the Depositor Account Title, a letter of explanation is required. This letter must be sent with the ACH form and submitted on the recipient’s letterhead, signed by an authorized official, and must explain why the funds are to be deposited into an account belonging to an entity other than the direct recipient of the award.

- Financial Institution Information Section – This section should be filled out by the grantee’s financial institution/bank official ONLY. The type of account should be checked, and the signature, title, and telephone number of the appropriate financial institution official should be included as well. **Only the authorized financial institution/bank official should sign the last line in the “Financial Institution Information” section of the ACH form.** OCFO will confirm the banking information with the financial institution prior to entry into OJP records.

Unless banking information has changed, grantees should not submit a new ACH form for a new grant if the grant falls under a vendor number for which there is already banking information on file.

The ACH form must be received before drawdown or request for funds.

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

This form is used for Automated Clearinghouse (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 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 U.S. Department of the Treasury 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 Clearinghouse Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY
OFFICE OF JUSTICE PROGRAMS

Grantee Employer/Taxpayer
Identification Number:

AGENCY IDENTIFIER:
OJP

AGENCY LOCATION CODE (ALC):
15-04-0001

ADDRESS:
810 Seventh Street, NW., Attn: Office of the Chief Financial Officer Control Desk
Washington, D.C. 20531

AGENCY CONTACT:
Office of the Chief Financial Officer - Customer Service Center

TELEPHONE NUMBER
1-800-458-0786

PAYEE/COMPANY INFORMATION

OJP Vendor Number:

NAME:

ADDRESS:

E-MAIL ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:
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TO BE COMPLETED BY FINANCIAL INSTITUTION

NAME:

ADDRESS:

NAME OF BANK OFFICIAL OR ACH COORDINATOR :

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 BANK OFFICIAL OR ACH COORDINATOR:

DATE: