## FMMI Customer Interim Preapproval Vendor Request (PVND)

This Form is Valid Through November 2010

## Fax to 504-426-9763

Questions about this form and the interim FMMI PVND process may be directed to the Table Management Inquiry Line at 504 426 5377.

		the Tab	le Managei	ment Inqເ	uiry Line at	504 426 5377.		
Requestor Name								
Self-Tracking Reference	ce Numb	oer						
Requestor E-Mail								
Requestor Phone					F	Request Date		
USDA Agency								
Action Requested			_ ADD			_ CHANGE	BLOCK	
Customer Code (for Change or Block only):								
Customer Account Groups (Check Only One)								
Commercial Customer				Employee Customer				
Federal Customer				State & Local Customer				
USDA Agency Sold to Party					USDA Ship/Bill To			
Customer Name								
DBA Name								
Street Address 1								
Street Address 2								
Zip Code								
City								
Country								
State								
If Federal Customer, Name of Agency Being Billed								
Customer Contact Na	me							
Customer Contact Pho	one							
SSN					TIN			
Banking Information								
Bank Name								
Routing Number								
Account Number								
Bank Account Type (C	heck On	ly One)			Check	ing	Savings	
Waiver Code (When EFT Is Not Used)								
<b>01</b> No Bank Accou	unt					ign Entity	<b>04</b> Disaster Area	
<b>05</b> Military Ops			nal Secur	ity	_ <b>07</b> One	Time Payment	<b>08</b> Emergency Payment	
ALC (Required For All	Federal	Custome	rs)					
Comments								

## Instructions for Completing FMMI Customer Interim Preapproval Vendor Request (PVND)

Complete the blocks as indicated. Print and fax the completed form to 504-426-9763. For questions about this form and the interim FMMI PVND process, contact Table Management Inquiry Line at 504-426-5377.

Paguastar Nama	Enter the name of the person submitting the request				
Requestor Name	Enter the name of the person submitting the request.				
Self-Tracking Reference Number	Enter a self-designated reference number for personal tracking. This number				
	will be referenced on the e-mail notification upon completion of your request.				
Description F. mail	No PII (Personally Identifiable Information) will be transmitted via the Internet.				
Requestor E-mail	Enter the e-mail address of the person submitting the request. An e-mail				
Degreeter Dhene	notification will be sent to this e-mail address upon completion of request.				
Requestor Phone	Enter the telephone number and extension of the person submitting the				
Degreet Date	request to be used as backup to e-mail communications.				
Request Date	Enter the date of the request.				
USDA Agency	Enter the name of agency requesting the action. This is typically the requestor's				
Addiso December 1	agency, unless the requestor is cross servicing.				
Action Requested	1. Check <b>Add</b> to request a new record.				
	2. Check <b>Change</b> to modify an existing FMMI customer record. Be sure to				
	provide the Customer Code in the Customer Code field.				
	3. Check <b>Block</b> to inactivate a customer record. Be sure to provide the				
Contains Code	Customer Code in the Customer Code field.				
Customer Code	Enter the <b>FMMI</b> Customer Code for existing records only. DO NOT ENTER AN				
<u> </u>	FFIS CODE HERE. Use this field only when a <b>Change</b> or <b>Block</b> is requested.				
Customer Account Groups	Check the appropriate account group. Check only one.				
Customer Name	Enter the customer's legal name. This will be used to TIN match with IRS.				
DBA Name	Enter the customer's Doing Business As name.				
Street Address 1	Enter first line of customer's address.				
Street Address 2	Enter second line of customer's address.				
Zip Code	Enter the Zip Code.				
City	Enter the city.				
Country	Enter the country.				
State	Enter the Postal Service two-letter state abbreviation.				
Agency Being Billed	If a Federal customer, enter the name of the agency being billed.				
Customer Contact Name	Enter the name of the customer's point of contact.				
Customer Contact Number	Enter the phone number of the customer's point of contact.				
SSN/TIN	In FMMI, there are separate fields for Social Security Number (SSN) and				
	Taxpayer Identification Number (TIN). Enter the customer's SSN <b>OR</b> TIN, as				
	appropriate.				
Bank Name (Optional)	Enter the name of the customer's financial institution.				
Routing Number	Enter the routing number of the customer's financial institution.				
Account Number	Enter the customer's financial institution account number.				
Bank Account Type	Check Savings or Checking. Check only one.				
Waiver Code	Check the appropriate waiver code when electronic funds transfer is not used.				
ALC	Enter the Agency Location Code for Federal customers.				
Comments	Enter a brief explanation of your request.				