

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB Number: 1530-0069
Expiration Date: 06/30/2022

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. See reverse for additional instructions.

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

Agency Name:

Agency Identifier:

Agency Location Code (ALC):

ACH Format:

☐ CCD+

☐ CTX

Address:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip / Postal Code:

Contact Person Name:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Telephone Number:

Additional Information:

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PAYEE/COMPANY INFORMATION

Organization Name (Legal Name):

SSN No. or Taxpayer ID No.:

Address:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

Contact Person Name:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Telephone Number:

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FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:

Address:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

ACH Coordinator Name:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Telephone Number:

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:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title of Authorized Official:

Telephone Number: