

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OBM No. 1510-0056
Expiration Date 06/30/93

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.

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

FEDERAL PROGRAM AGENCY:

OFFICE OF JUSTICE PROGRAMS

AGENCY IDENTIFIER:

OJP

AGENCY LOCATION CODE (ALC):

15-04-0001

ACH FORMAT:

CCD

CTX

CTP

ADDRESS:

810 Seventh Street, NW

WASHINGTON, D.C 20531

CONTACT PERSON NAME:

Accounting Division 1-800-421-6770

TELEPHONE NUMBER:

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME:

SSN NO. OR TAXPAYER ID NO:

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

NINE DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

LOCKBOX

TELEPHONE NUMBER:

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator) _____

