PAYMENT INFORMATION FORM
ACH VENDOR PAYMENT SYSTEM

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.

PAPERWORK REDUCTION 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.

COMPANY INFORMATION

NAME	TAXPAYER ID NO
ADDRESS	PURCHASE ORDER OR CONTRACT NUMBER _____ CAGE CODE: _____
	DUNS:_____
CONTACT PERSON NAME:	TELEPHONE NUMBER FAX NUMBER

AGENCY INFORMATION

NAME	
ADDRESS	
CONTACT PERSON NAME:	TELEPHONE NUMBER Ph Fax

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	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER: