

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

Attachment #2

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 Station # _____

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 thru the Automated Clearing House Payment System.

FEDERAL PROGRAM AGENCY		
VA Finance Center		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC)	ACH FORMAT:
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCD CTX
ADDRESS		
P. O. Box 149971		
Austin, Texas 78714		
CONTACT PERSON NAME:	TELEPHONE NUMBER	
FSC Vendorizing Section	(512) 460-5049 or 877-353-9791	
ADDITIONAL INFORMATION:		
FAX # (512) 460- 5221		

COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
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FINANCIAL INSTITUTION INFORMATION

NAME	
ADDRESS	
ACH COORDINATOR NAME:	TELEPHONE
NINE-DIGIT ROUTING TRANSIT NUMBER:	_____
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT	
Checking	Savings
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER:
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