

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:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

AGENCY LOCATION CODE (ALC)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACH FORMAT:

CCD

CTX

ADDRESS

**P. O. Box 149971**

**Austin, Texas 78714**

CONTACT PERSON NAME:

**FSC Vendorizing Section**

TELEPHONE NUMBER

**( 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:

( )

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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