

ACH VENDOR/MISCELLANEOUS PAYMENT**OMB No. 1510-0056
ENROLLMENT FORM**

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**

U.S. Department of Veterans Affairs – Financial Services Center

AGENCY IDENTIFIER:

111036183

AGENCY LOCATION CODE (ALC):

36001200

ACH FORMAT:

☐ CCD+☐ CTX

ADDRESS:

P.O. Box 149971

Austin, TX 78714-8971

CONTRACT PERSON NAME:

Customer Support Help Desk – Vendorizing Team

TELEPHONE NUMBER

1-877-353-9791

ADDITIONAL INFORMATION

Fax completed form to (512) 460-5221

PAYEE/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 NUMBER:

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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:

(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

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Standard Form (SF) 3881 Instructions

Note: All information on the SF 3881 is required. Vendorizing Coversheet must be attached at the time of submission. Any submission missing information will be returned to the sender for completion. Forms are processed in the order of receipt.

Agency Information

1. Vendor must select the preferred ACH format for direct deposit. Check the corresponding box for either CCD+ or CTX format. If no choice is made, this defaults to CCD+.

Payee/Company Information

1. Name
 - A. This must be the legal name for the vendor as on file with IRS.
 - B. If invoice billing or remit to name is different from the legal name, also provide this name as a doing business as (DBA) name.
2. SSN No. or Taxpayer Id No.
 - A. This must be the legal social security number (SSN), federal employer id number (EIN), or federal taxpayer id number (TIN).
3. Address
 - A. This is the correspondence mailing address to include city, state, and zip code. Please do not abbreviate city names.
4. Contact Person Name
 - A. This is the name of the vendor's contact person.
5. Telephone Number
 - A. This is the phone number of the vendor's contact person. Please be sure to include area code. This person may be contacted by VAFSC Vendorizing Team to answer questions related to the vendor's file with VA.

Financial Institution Information – VAFSC does not have wire capability. ACH Direct Deposit is used to make payments.

1. Name
 - A. This is the name of the bank being used for direct deposit.
2. Address
 - A. Address of bank, to include city, state, and zip code. Please do not abbreviate city names.
3. ACH Coordinator Name
 - A. Banks have ACH Coordinators who can answer questions for vendors regarding the process. VAFSC does not use this name. It is for your information only.
4. Telephone Number
 - A. This is the phone number of the bank or ACH Coordinator. This can be useful information if payments reject.
5. Nine-Digit Routing Transit Number
 - A. This number identifies the bank when direct deposits are made.
 - B. This number should begin with 0, 1, 2, or 3.
 - C. Take this number from a *check*, not a deposit slip.
 - (1) Deposit slip routing numbers are internal numbers for bank use only.
 - (2) If you cannot locate your routing number, contact your bank and ask for the routing number for direct deposit.
6. Depositor Account Title
 - A. This is the name on the account.
7. Depositor Account Number
 - A. This is the account number.
8. Lockbox Number
 - A. Lockbox numbers are treated as checking accounts. Please include the lockbox number if there is one.
9. Type of Account
 - A. Please select the type of account used (checking, savings, lockbox). Again, lockboxes are treated as checking accounts.
10. Signature and Title of Authorized Official
 - A. Signature is required on all SF 3881 submissions. The signature must be the owner of the account in cases of individuals or a company official (with title) in cases of companies.
11. Telephone Number
 - A. This is the phone number of the individual or company official who signed the form.

Submit forms by fax to (512) 460-5221 or by mail to PO Box 149971 Austin, TX 78714-8971.