

**ARCH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

OMB No. 1510-0056  
Expiration Date 60/30/88

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. Recipient 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. 33Z 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 payment through the Automated Clearing House Payment System.

**AGENCY INFORMATION**

FEDERAL PROGRAM AGENCY:	
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):
ADDRESS:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
ADDITIONAL INFORMATION:	

**PAYEE/COMPANY INFORMATION**

NAME:	SSN OR TAXPAYER ID:
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:	ACH FORMAT:            CCD+            CTX
TYPE OF ACCOUNT:	CHECKING            SAVING            LOCKBOX
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be name as ACH Coordinator)	TELEPHONE NUMBER: