

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

OMB No. 1510-0056  
Expiration Date 01/31/2000

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.

<b>PRIVACY ACT STATEMENT</b>	
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 electrical means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through Automated Clearing House Payment System.	

<b>AGENCY INFORMATION</b>
---------------------------

FEDERAL PROGRAM AGENCY: United States Department of Agriculture - Commodity Credit Corporation			
AGENCY IDENTIFIER: USDA-AMS-F&V-CPB	AGENCY LOCATION CODE (ALC) 4822	ACH FORMAT <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP	<b>DO NOT COMPLETE THIS BLOCK!</b>
ADDRESS: ATTN: ACH Disbursements, Mail Stop 8578 P.O. Box 419205 Kansas City, Missouri 64141-6205			
CONTACT PERSON'S NAME: Bob Glenn		TELEPHONE NUMBER: ( 816 ) 926-6988	
ADDITIONAL INFORMATION: Fax Number: 816-823-1364			

<b>PAYEE/COMPANY INFORMATION</b>
----------------------------------

NAME:	SSN NO. OR TAXPAYER ID NO.:
MAILING ADDRESS:	ENTITY/MASTER-CONTRACT CODE <i>(if known) (Attach sheet if more space is needed):</i>
DISBURSEMENT STATEMENT MAILING ADDRESS <i>(if different from above):</i>	
CONTACT PERSON'S NAME:	TELEPHONE NUMBER: (       )

<b>FINANCIAL INSTITUTION INFORMATION</b>
--

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: (       )
NINE-DIGIT ROUTING TRANSIT NUMBER: _____	
DEPOSIT OR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be same as ACH Coordinator):	TELEPHONE NUMBER: (       )