

Computer-Generated Form

ACH VENDOR/MISCELLANEOUS PAYMENT 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 Payments System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY Department of Energy - Idaho Operations Office - Financial Services Division		
AGENCY IDENTIFIER: DOE	AGENCY LOCATION CODE (ALC): 89001302	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS: 1955 Fremont Avenue, MS 1240		
Idaho Falls, Idaho 83415		
CONTACT PERSON NAME: LISA PARDONNET		TELEPHONE NUMBER (208) 526-0610
ADDITIONAL INFORMATION: AWARD NUMBER: DE-		FAX (208) 526-8874

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	DUNS NUMBER
E-MAIL ADDRESS for notification of pmt date	
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:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER: ()