

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

This form is used for Automated Clearing Hours (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 requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System.

Agency Information

Federal Program Agency: SOCIAL SECURITY ADMINISTRATION
Agency Identifier: SSA **Agency Location Code:** 28040001 **ACH Format:** CCD
Address: Social Security Administration
P. O. Box 47, Baltimore, Maryland 21235
Contact Person Name: Christina Lilley, Office of Finance, SSA **Telephone Number:** (410) 965-6119
Additional Information:

Payee/Company Information

Name: _____ **SSN or Taxpayer ID NO.** _____
Address: _____

Contact Person Name: _____ **Telephone Number:** _____

Financial Institution Information

Name: _____
Address: _____

ACH Coordinator Name (Bank Rep.) _____ **Telephone Number** _____
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: _____