

**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 Environmental Management Consolidated Business Center (EMCBC) Department of Energy 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: Department of Energy	Agency Identifier: EMCBC
Address: 250 E. 5th Street Cincinnati, OH 45202	Phone number: 513-246-0500

PAYEE/COMPANY INFORMATION	
Name:	SSN# or TIN#
Address:	DUNS#
Contact person name:	Is this the CCR address? (check one) YES NO
Email address:	Phone number:

FINANCIAL INSTITUTION INFORMATION	
Name:	
Address:	
Nine-digit Routing Transit Number:	
Depositor Account Number:	
Type of Account: CHECKING SAVINGS LOCKBOX	Lockbox number: (if applicable)

