Instructions For SF-3881

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

Agency Information

Fld Name / Item No.	Instruction
Federal Program Agency	Enter "Farm Service Agency/Commodity Credit Corporation".
Agency Identifier	Enter "FSA/CCC".
Agency Location Code (ALC)	Enter "12360000"
ACH Format	Place an "X" in the box in front of "CCD+". This indicates the type of electronic disbursement file that the financial institution will receive.
Address	Enter: Payment Management Office/ ACH Disbursements P.O. Box 419205 Stop 8538, Kansas City, MO 64141-6205.
Contact Person Name	MarySue Tolle
Telephone Number	816-926-5965
Additional Information	FAX 816-823-1458

Payee/Company Information Section

Fld Name / Item No.	Instruction
Name	Enter your first name, middle initial, and last name if you are filing this form as an individual. If you are filing this form as a representative of a business, partnership, etc., enter the business entity name, partnership, etc.
SSN No. or Taxpayer ID No.	If you are filing as an individual, enter your Social Security Number. If you are filing as a representative of a business, partnership, etc., enter the Employer's Identification Number.
Mailing Address	Enter mailing address
Contact Person Name	If you are filing this form as an individual, enter your name. If you are filing this form as a representative of a business, partnership, etc., enter the name of the person who should be contacted if additional information is needed.
Telephone Number	Enter the telephone number of the contact person.

Financial Institution Information Section

Fld Name / Item No.	Instruction
Option A	Take this form to your financial institution. The financial institution will complete and sign the Financial Institution Information section for you. The financial institution may mail this form for you, or you may mail the form yourself to FSA. **Note:** The payee shall verify the depositor account number, account title, and type of account.
Option B	Submit this completed form either by mail or in person with a "VOIDED" check attached.