

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 (PL> 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to the 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: National Science Foundation			
AGENCY IDENTIFIER:	53-0206152	AGENCY LOCATION CODE (ALC):	49-00-0001
		ACH FORMAT:	CCD+
ADDRESS: 4201 Wilson Boulevard, Room 575			
Arlington, Virginia 22230		TELEPHONE NUMBER:	703-292-4458
CONTACT PERSON NAME: Richard A. Noll		FAX NUMBER:	703-292-9005
ADDITIONAL INFORMATION:			

PAYEE /COMPANY INFORMATION

NAME:	INSTITUTION NUMBER:	SOCIAL SECURITY NUMBER:
ADDRESS:		
		E-MAIL ADDRESS:
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:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: (CHECKING, SAVINGS, LOCKBOX)	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (COULD BE THE SAME AS ACH COORDINATOR)	TELEPHONE NUMBER: