

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

OMB No. 1510-0056  
Expiration Date 01/31/2000

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 Payment System.

AGENCY INFORMATION		
FEDERAL PROGRAM AGENCY: United States Department of Agriculture - Commodity Credit Corporation		
AGENCY IDENTIFIER: <b>USDA-FSA-KCMO</b>	AGENCY LOCATION CODE (ALC): <b>0000-4992-2</b>	ACH FORMAT: <b>DO NOT COMPLETE THIS BLOCK!</b> <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS:  Attn: ACH Disbursements P. O. Box 419205 Kansas City, Missouri 64141-6205		
CONTACT PERSON NAME:  Bob Glenn		TELEPHONE NUMBER:  ( 816 ) 926-6988
ADDITIONAL INFORMATION:  FAX Number: 816-823-1364		

PAYEE/COMPANY INFORMATION	
NAME:	SSN NO. OR TAXPAYER ID NO.:
MAILING ADDRESS:	ENTITY/MASTER-CONTRACT CODE (If known) (Attach sheet if more space needed):
DISBURSEMENT STATEMENT MAILING ADDRESS (If different from above):	
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: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator):	TELEPHONE NUMBER: (       )

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## **INSTRUCTIONS FOR COMPLETING SF-3881 FORM**

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

## **BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

## **AUTHORITY TO COLLECT INFORMATION**

The information is being collected under the authority of the Debt Collection and Improvement Act of 1996. Failure to provide the information may delay issuance of payments.