ACH VENDOR/MISCELLANEOUS PAYMENT **ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains paymentrelated 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 INFORI	MATION		
FEDERAL PROGRAM AGENCY:				
United St	tates Department of Agriculture	- Commodity	Credit C	orporation
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT:		NOT COMPLETE THIS BLOCK!
USDA-FSA-KCMO	0000-4992-2	CCD+	СТХ	СТР
ADDRESS:				
	Attn: ACH Disbu	raomonta		
	P. O. Box 41			
	Kansas City, Missour			
CONTACT PERSON NAME:			TELEPHON	E NUMBER:
	Bob Glenn		(816) 926-6988
ADDITIONAL INFORMATION:				,
	FAX Number: 816	-823-1364		
		020 2001		
	PAYEE/COMPANY IN	FORMATION		
NAME:			SSN NO. OF	R TAXPAYER ID NO.:
MAILING ADDRESS:			ENTITY/MA	STER-CONTRACT CODE (If known) et if more space needed):
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DISBURSEMENT STATEMENT MAILI	NG ADDRESS (If different from above):			
CONTACT PERSON NAME:			TELEPHON	
CONTACT LENGON NAME.			/)
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	FINANCIAL INSTITUTION	INFORMATION	1	
NAME:				
ADDRESS:				
			TELEPHON	
ACH COORDINATOR NAME:			I ELEPHON	NUMBER.
NINE-DIGIT ROUTING TRANSIT NUM			()
NINE-DIGIT ROOTING TRANSIT NON	IDER			
DEPOSITOR ACCOUNT TITLE:				
DEPOSITOR ACCOUNT NUMBER:				LOCKBOX NUMBER:
TYPE OF ACCOUNT:				<u> </u>
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Form designed using WordPerfect NSN 7540-01-274-9925	0.1 TOR WINDOWS - USDA-FSA			SF-3881 (Rev. 12/90) Prescribed by Department of Treasury

31 U S C 3322; 31 CFR 210

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FEDERAL PROGRAM AGENCY:					
United St	ates Department of Agricultu	re - Commodity (Credit Corporation		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT:		CKI	
USDA-FSA-KCMO	0000-4992-2	CCD+			
ADDRESS:	0000 4352 2	0001			
	Attn: ACH Dis P. O. Box				
	F. O. BOX Kansas City, Missou				
CONTACT PERSON NAME:			TELEPHONE NUMBER:		
	Bob Glenn		(816) 926-6988		
ADDITIONAL INFORMATION:					
	FAX Number: 81	L6-823-1364			
	PAYEE/COMPANY				
NAME:	FATEE/CONFANT		SSN NO. OR TAXPAYER ID NO.:		
NAME:			SSN NO. OR TAXPATER ID NO		
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MAILING ADDRESS:			ENTITY/MASTER-CONTRACT CODE (If known) (Attach sheet if more space needed):		
DISBURSEMENT STATEMENT MAILIN	IG ADDRESS (If different from above):				
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			TELEPHONE NUMBER:		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator):					
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31 U S C 3322; 31 CFR 210

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	Attn: ACH Dis P. O. Box					
	Kansas City, Misso					
CONTACT PERSON NAME:			TELEPHONE NUMBER:			
CONTACT LERGON NAME.	Dala Glaver					
	Bob Glenn		(816) 926-6988			
ADDITIONAL INFORMATION:						
	FAX Number: 8	16-823-1364				
	PAYEE/COMPANY					
NAME:	FATEL/COMFANT		SSN NO. OR TAXPAYER ID NO.:			
NAME.			SSN NO. OR TAXPATER ID NO			
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	HECKING SAVINGS					
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NSN 7540-01-274-9925

31 U S C 3322; 31 CFR 210

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.