

UNITED STATES DEPARTMENT OF AGRICULTURE

ACH VENDOR ENROLLMENT FORM

Ref #

LX #

(Please type or print all information)

Company/Payee Name _____

Address _____

Taxpayer ID or Social Security Number _____ (9 digits)

Financial Institution Name _____

Financial Institution Routing Transit Number (RTN) _____ (9 digits)

Depositor Account Title _____

Depositor Account Number _____

Type _____ Checking _____ Savings

Vendor's Contact Person _____ Phone _____

Vendor's Contact E-mail _____

Vendor's Authorized Signature _____ Date _____

Privacy Act Statement: Collection of this information is authorized by 31 U.S.C. 3332(g), 3325(d), and 7701(c). The information will be used by the Government to make payments by electronic funds to a vendor. This information may also be used for income reporting and for collecting and reporting any delinquent amounts arising out of a vendor's relationship with the Government. Disclosure of the information by the vendor is mandatory. Failure to provide the requested information may result in the delay or withholding of payments to the vendor. To make the process faster, please scan and email the form back to ABSHelpline@aphis.usda.gov

EMAIL TO: ABSHelpline@aphis.usda.gov

FAX TO: 612-336-3563