



United States
Department of
Agriculture

Marketing and
Regulatory Programs

Financial
Management
Division

Financial
Operations
Branch

*****F QO GUVK XGP F QTU<
ACH VENDOR ENROLLMENT FORM
(Please type or print all information)

Company/Payee Name _____

Address _____

Taxpayer ID Number (TIN) _____ (9 digits)

Financial Institution Name _____

Financial Institution Routing Transit Number _____ (9 digits)

Depositor Account Title _____

Depositor Account Number _____

Type (check one) Checking Savings

Vendor's Contact Person _____ Phone _____

Vendor's Contact E-mail _____

I am no longer doing business with USDA APHIS. Please deactivate my account.

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.

SEND TO: USDA, APHIS, Veterinary Services
 Attn: Assistant District Director (ADD)

Note: Send this original signed form along with the associated Fee Basis and/or Service Agreement to your local ADD office for processing. To locate your local ADD office please reference Attachment 1 of the SECD Herd/Premises Management Plan, Version 3.0, July 7, 2014.