



UNITED STATES DEPARTMENT OF AGRICULTURE  
 ACH VENDOR ENROLLMENT WORKSHEET  
 (Please type or print all information)

MAIL, FAX, or EMAIL TO:

USDA, APHIS, FMD  
 Attn: Billings & Collections Team  
 100 North Sixth Street, 510C  
 Minneapolis, MN 55403  
 612-336-3275  
 612-336-3549 FAX [abshepline@aphis.usda.gov](mailto:abshepline@aphis.usda.gov)

Company/Payee Name \_\_\_\_\_

Address \_\_\_\_\_

Taxpayer ID Number (TIN) \_\_\_\_\_ (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.

A. Amount to be refunded \_\_\_\_\_

B. Accounting code the payment was posted against. \_\_\_\_\_

C. Check number \_\_\_\_\_

D. Exporter's name and address \_\_\_\_\_

E. Exporter's phone number \_\_\_\_\_

F. Exporter's Social Security number (or tax I.D.) \_\_\_\_\_

G. PPQ contact in case there are questions \_\_\_\_\_

H. PPQ contact printed name \_\_\_\_\_

I. PPQ contact signature \_\_\_\_\_