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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.

MAIL TO:    USDA, APHIS, FMD  
              Attn: Financial Operations Services Team (FOST)  
              100 North Sixth Street, Suite 510C  
              Minneapolis, MN 55403

FAX TO:    612-336-3561