



United States
Department of
Agriculture

Marketing and
Regulatory Programs

Financial
Management
Division

USDA APHIS Minneapolis
Financial Operations Branch
Financial Operations Services
Team 250 Marquette Avenue STE
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INTERNATIONAL ACH VENDOR ENROLLMENT FORM
(Please type or print all information)

Company/Payee Name _____

Company/Payee Address _____

Financial Institution Name _____

Financial Institution Address _____

Financial Institution Swift Code* _____

*This is the equivalent to the routing number for US Banks.

Financial Institution Branch Code (if applicable) _____

Account # or IBAN* (International Bank Account Number) _____

* Certain financial institutions require an IBAN, verify prior to indicating to ensure proper payment processing.

Payment Currency Type _____

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.

EMAIL WITH INVOICE FOR PAYMENT TO: USDA, APHIS, FMD FOST

FOST@APHIS.USDA.GOV



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