

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

APPENDIX I  
OMB No. 1510-0056

This form is used for Automated Clearinghouse (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this for completion.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the U.S. Department of the Treasury to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

**AGENCY INFORMATION**

FEDERAL PROGRAM AGENCY  
OFFICE OF JUSTICE PROGRAMS

**Grantee Employer/Taxpayer  
Identification Number:**

AGENCY IDENTIFIER:  
OJP

AGENCY LOCATION CODE (ALC):  
15-04-0001

ADDRESS:  
810 Seventh Street, NW., Attn: Office of the Chief Financial Officer Control Desk

Washington, D.C. 20531

AGENCY CONTACT:  
Office of the Chief Financial Officer - Customer Service Center

TELEPHONE NUMBER  
1-800-458-0786

**PAYEE/COMPANY INFORMATION**

**OJP Vendor Number:**

NAME:

ADDRESS:

E-MAIL ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:  
( )

**TO BE COMPLETED BY FINANCIAL INSTITUTION**

NAME:

ADDRESS:

NAME OF BANK OFFICIAL OR ACH COORDINATOR :

TELEPHONE NUMBER:  
( )

NINE-DIGIT ROUTING TRANSIT NUMBER:  
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DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED BANK OFFICIAL OR ACH COORDINATOR:

DATE: