

PAYMENT INFORMATION FORM

ACH VENDOR PAYMENT SYSTEM

This form is used for Automated Clearing House (ACH) payments with an addendum record that carries payment-related information. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PAPERWORK REDUCTION ACT STATEMENT

The information being collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means, to the vendors's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the ACH Payment System.

COMPANY INFORMATION

Name	
Address	
Contact Person Name	Telephone Number

AGENCY INFORMATION

Name Department of Transportation, FTA – Accounting Division, TBP-24	
Address 400 7 th Street, S.W. – Room 9422, OST Accounting	
Washington, DC 20590	
Contact Person Name Elsie McNeal	Telephone Number 202-366-0292

FINANCIAL INSTITUTION INFORMATION

Name	
Address	
ACH Coordinator Name	Telephone Number
Nine Digit Routing Transit Number	
Depositor Account Title	
Depositor Account Number	
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)	
Signature and Title of Representative	Telephone Number