

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

This form is used for Automated Clearing House (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 form for completion. See reverse for additional instructions.

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 Treasury Department 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 Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS:		
CONTACT PERSON NAME:	TELEPHONE NUMBER: ()	
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME:	TELEPHONE NUMBER: ()

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER: _ _ _ _ _	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	PLEASE DO NOT COMPLETE LOCKBOX INFORMATION
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: ()

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AGENCY INFORMATION

FEDERAL PROGRAM AGENCY DEPARTMENT OF COMMERCE		
AGENCY IDENTIFIER: NOAA	AGENCY LOCATION CODE (ALC): 13-14-0001	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> C X
ADDRESS: (ENTER SUBMITTER'S INFO-LINE OFFICE)		
CONTACT PERSON NAME: (SUBMITTER'S NAME)		TELEPHONE NUMBER: ()
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME: ALSO EMAIL HERE	
TELEPHONE NUMBER: ()	

FINANCIAL INSTITUTION INFORMATION

NAME: BANK NAME (YOU MAY ALSO SUBMIT A WIRE INSTRUCTION SHEET FROM YOUR BANK)	
ADDRESS: BANK ADDRESS	
ALSO TYPE OF CURRENCY TO BE PAID	
ACH COORDINATOR NAME: BANK PERSON	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER: <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> OR UNDER DEPOSITOR ACCOUNT NUMBER BELOW	
DEPOSITOR ACCOUNT TITLE: NAME ON ACCOUNT	
DEPOSITOR ACCOUNT NUMBER: ACCOUNT, IBAN, CLABE, BSB, TRANSIT, BANK NUMBERS, SORT CODE, SWIFT/BIC CODE, ETC	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	PLEASE DO NOT COMPLETE LOCKBOX INFORMATION
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator) VENDOR SIGNATURE AND DATE	TELEPHONE NUMBER: ()

AUTHORIZED FOR LOCAL REPRODUCTION

OR VENDOR SIGNATURE AND DATE HERE

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U S C 3322; 31 CFR 210

ADDITIONAL INSTRUCTIONS FOR INTERNATIONAL VENDORS

NOTE TO ALL INTERNATIONAL VENDORS:

We are sorry for any confusion this SF-3881 ACH form has caused. We have provided an example page with instructions to complete the form. Please ignore the instructions on the last page concerning the ACH format for making payments.

FOR ALL USD OR FOREIGN CURRENCY WIRE PAYMENTS TO INTERNATIONAL BANKS:

We only require an Account or IBAN Number, Swift Code and any other bank numbers needed to make your wire payment. We no longer need intermediary banking information to make your payment. You will not need the signature of your financial institution we only require vendor signature and date at the bottom of the SF-3881 form.

THERE ARE NEW REQUIREMENTS FOR ALL INTERNATIONAL VENDORS WITH NEW ORDERS OR TASK ORDERS WITH THE FEDERAL GOVERNMENT:

You must register in SAM.gov. If we are to make payment to your international bank please leave the financial information blank when registering. If we are to make payment to a US bank then provide only the banking information for your US bank.