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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