



PAYMENT INFORMATION REPORT

NOTE: The information requested on this form concerns your financial institution your account at that institution, and personal information which needs to be verified and completed.

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 USC 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment system.

CHECK ONE OF THE FOLLOWING:

Federal Employee Contractor Vendor

NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE ()	WORK PHONE ()	E-MAIL ADDRESS

TAXPAYER IDENTIFICATION NUMBER (TIN): *(If you are an individual, this may be your Social Security Number)*

THE FOLLOWING INFORMATION MUST BE COMPLETED BY A REPRESENTATIVE OF YOUR FINANCIAL INSTITUTION

NAME OF FINANCIAL INSTITUTION		
ADDRESS OF FINANCIAL INSTITUTION		
CITY	STATE	ZIP
FINANCIAL INSTITUTION'S NINE (9) DIGIT ABA ROUTING NUMBER FOR TRANSFER OF FUNDS	DEPOSITOR ACCOUNT TITLE	
DEPOSITOR ACCOUNT NUMBER	TYPE OF ACCOUNT <i>(Check One)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	PHONE NUMBER ()
SIGNATURE OF AUTHORIZED OFFICIAL	TITLE OF AUTHORIZED OFFICIAL	DATE

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PAYEE

I HAVE VERIFIED THE INFORMATION ON THIS FORM.

NAME	TITLE	
SIGNATURE	PHONE NUMBER ()	DATE