

**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 Page 2 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: USDA-FARM SERVICE AGENCY		
AGENCY IDENTIFIER: FSA	AGENCY LOCATION CODE (ALC): 12200408	ACH FORMAT: <input type="checkbox"/> CCD + <input type="checkbox"/> CTX
ADDRESS: PO BOX 200003, ST. LOUIS, MO 63120-0003		
CONTACT PERSON NAME: FARM LOAN OPERATIONS OFFICER		TELEPHONE NUMBER (Include Area Code): (314) 539-6154
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME:	SSN NO. OR TAXPAYER ID NO.:
ADDRESS:	
CONTACT PERSON NAME:	
TELEPHONE NUMBER (Include Area Code): () -	

FINANCIAL INSTITUTION INFORMATION

NAME :	
ADDRESS :	
ACH COORDINATOR NAME:	TELEPHONE NUMBER (Include Area Code): () -
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	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator):	TELEPHONE NUMBER (Include Area Code): () -

AUTHORIZED FOR LOCAL REPRODUCTION

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