

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1530-0069



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.

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 General Services Administration to validate, process, and transmit payment data by electronic means to the Treasury Department, and by the Treasury Department to transmit payment data by electronic means to payee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

FEDERAL ENTITY/AGENCY INFORMATION

FEDERAL PROGRAM AGENCY/ENTITY: Appalachian Regional Commission		
AGENCY IDENTIFIER: ARCF	AGENCY LOCATION CODE (ALC): 47000018	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS: 1666 Connecticut Ave., NW, Suite 700 Washington, DC 20009-1068		
CONTACT PERSON NAME + EMAIL: finance-forms@arc.gov		PHONE: (202) 884-7700

PAYEE/ORGANIZATION INFORMATION

PAYEE NAME (ORGANIZATION/VENDOR/INDIVIDUAL):		
SSN NO. OR TAXPAYER ID NO.:		UEI NUMBER:
ADDRESS:		
FORM PREPARED BY [NAME]:		DATE PREPARED:
		PHONE:
		EMAIL:
CONTACT PERSON (if different from preparer):		PHONE:
		EMAIL:
AUTHORIZING NAME:		PHONE:
		EMAIL:
AUTHORIZING SIGNATURE:		DATE:

FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME:	
ADDRESS:	
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	

Instructions for Completing ACH Vendor/Miscellaneous Payment Enrollment Form

1. Federal Entity/Agency Information Section - Federal entity/agency prints or types the name and address of the Federal program agency originating the vendor/organization payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Organization Information Section - Payee prints or types the name of the payee/organization and address that will receive ACH vendor/organization payments, social security or taxpayer ID number, and UEI number (if required).

The name, date prepared, phone and email of the "Form Prepared By" and the payee/organization's complete contact person (if different) is required. The name, phone, email and signature with date of the payee/organization's authorized representative is also required.

The Payee should also verify the nine-digit routing transit number, depositor account title, account number, and type of account entered in the Financial Institution Information Section.

3. Financial Institution Information Section - Payee prints or types the name and address of the payee/organization's financial institution who will receive the ACH payment, nine-digit routing transit number, depositor (payee/organization's) account title and account number. In addition, the box for type of account should also be checked.

Notice to ARC Grant Recipients

1. ARC grant recipients must promptly complete a new ACH Vendor/Miscellaneous Payment Enrollment Form any time the bank account information on this Form has changed.
2. ARC grant recipients must maintain a current and active registration in SAM.gov until the recipient submits all final reports required under this Federal award or receives the final payment, whichever is later. Bank account information provided in SAM.gov must be kept current.
3. By signing this ACH Vendor/Miscellaneous Payment Enrollment Form, the authorized representative of the ARC grant recipient certifies: 1) that the information contained on the Form is true, complete and accurate to the best of their knowledge, and 2) that they have the authority to sign this Form and bind the payee organization to the Form's requirements. The authorized representative further acknowledges that any false, fictitious or fraudulent statements or representations may result in rejection of the Form, revocation of any approval or benefit granted in reliance on the Form, and/or criminal, civil, or administrative penalties.