Please use an authorized secure digital stamp signature via Adobe, DocuSign, Foxit, etc. or provide a pen to paper signature. Due to security concerns, font signature or copy and paste signature are not acceptable.

## **Smithsonian Institution**

**Type** or **Print** *clearly* when completing this form.

## **Electronic Funds Transfer Enrollment Form**

Vendor#

This form is used to add or update Electronic Funds Transfer (EFT) payment information on a vendor record. Recipients of EFT payments may bring this form to their financial institution for completion, or the vendor themselves may complete and sign the form.

•	-				
Vendor (Payee) Information					
Name:		SSN / TIN / ITII	SSN / TIN / ITIN:		
Address:		UEI#			
Contact Person:		Telephone Nun	Telephone Number:		
		E-Mail:			
Financial Institution Informa	ation (Note: EFT is availab	ole for US Banks O	NLY)		
Name of Financial Institution:					
Routing Transit Number:					
Depositor Account Title:					
Account Number:					
Type of Account: Che	ecking Savings	Savings Lockbox / Lockbox Number:			
Signature Required:			Date:		
	Agency	Information			
Federal Program Agency: Smithsonian					
Attn. FMD - V 60 Garden St Cambridge, N	Astrophysical Observatory Yendor Maintenance t. Mail Stop-26 MA 02138 to the SI business unit with whor	m you are conductin	g business.		
SI Unit Contact Person:	E-Mail:	•	Telephone No.:		
SAO-Vendor Maintenance	FM-vendor@cfa.ha	arvard.edu			

## **PRIVACY ACT STATEMENT**

The above 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.