

SMITHSONIAN INSTITUTION

ENROLLMENT FORM
ACH VENDOR/MISCELLANEOUS PAYMENT

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains pay-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.

PAYEE/COMPANY INFORMATION

NAME:	SSN NO. OR TAX PAYER ID. NO:
ADDRESS:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:

FINANCIAL INSTITUTION INFORMATION

NAME:			
ADDRESS:			
ACH COORDINATOR NAME:	TELEPHONE NUMBER:		
NINE DIGIT ROUTING TRANSIT NUMBER: _____			
DEPOSITOR ACCOUNT TITLE:			
DEPOSITOR ACCOUNT NUMBER:			
TYPE OF ACCOUNT:	CHECKING	SAVINGS	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER:		

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: SMITHSONIAN INSTITUTION	AGENCY LOCATION CODE (ALC): 33010001	ACH FORMAT: CCD+ _____ PPD + _____
AGENCY IDENTIFIER: SI		
ADDRESS: Smithsonian Astrophysical Observatory Subcontracts and Procurement 60 Garden Street, Mail Stop 22 Cambridge, MA 02138-1516		
CONTACT PERSON NAME: Mr. Joseph Lendall	FAX NUMBER: 617-496-7957	TELEPHONE NO: 617-495-7401
UNIT CONTACT PERSON:	FAX NUMBER:	TELEPHONE NO:

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 date, 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.