

**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.

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 U.S. Department of Veterans Affairs – Financial Services Center | | |
| AGENCY IDENTIFIER: 111036183 | AGENCY LOCATION CODE (ALC): 36001200 | ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX |
| ADDRESS: P.O. Box 149971 Austin, TX 78714-8971 | | |
| CONTRACT PERSON NAME: Customer Support Help Desk – Vendorizing Team | | TELEPHONE NUMBER 1-877-353-9791 |
| ADDITIONAL INFORMATION Fax completed form to | | |

PAYEE/COMPANY INFORMATION

| | |
|----------------------|-----------------------------|
| NAME | SSN NO. OR TAXPAYER 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: | 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: () |

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 21

Standard Form (SF) 3881 Instructions

Note: All information on the SF 3881 is required. Vendorizing Coversheet must be attached at the time of submission. Any submission missing information will be returned to the sender for completion. Forms are processed in the order of receipt.

Agency Information: (Skip this section. Go to Payee/Company Information)

Payee/Company Information

1. Name
2. This must be your legal name on file with IRS. **(Please write your First, Middle, Last)**
3. SSN No. or Taxpayer Id No.
 - A. This must be your legal social security number (SSN). **(Example: 000-00-0000)**
4. Address
 - A. This is your mailing address to include city, state, and zip code. **(Please do not abbreviate city names.)**
5. Contact Person Name
 - A. This is the name of the person who will be able to answer any questions about this form.
6. Telephone Number
 - A. This is the phone number of the person who will be able to answer any questions about this form. **Please be sure to include area code. This person may be contacted by VAFSC Vendorizing Team to answer questions related to your file with VA.**

Financial Institution Information: *(To be completed by your bank/financial institution)*

1. Name
 - A. This is the name of the bank being used for direct deposit.
2. Address
 - A. Address of bank, to include city, state, and zip code. **(Please do not abbreviate city names.)**
3. ACH Coordinator Name
 - A. Banks have ACH Coordinators who can answer questions for you regarding the process.
4. Telephone Number
 - A. This is the phone number of the bank or ACH Coordinator. This can be useful information if payments reject.
5. Nine-Digit Routing Transit Number
6. Depositor Account Title
 - A. This is the name on the account.
7. Depositor Account Number
 - A. This is the account number.
8. Lockbox Number
 - A. Lockbox numbers are treated as checking accounts. Please include the lockbox number if there is one.
9. Type of Account
 - A. Please select the type of account used (checking, savings, lockbox). Lockboxes are treated as checking accounts.
10. Signature and Title of Authorized Official
 - A. Signature is required on all SF 3881 submissions. The signature must be a company official. Please include title.
11. Telephone Number
 - A. This is the phone number of the individual or company official who signed the form.

MAIL FORM BACK IN THE SELF-ADDRESSED ENVELOPE