This form has fill-in capabilities starting with "DUNS". Tab to start or click the desired field.

Reset Form

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056
Expiration Date 06/03/93

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. **PLEASE FAX ALL ACH REQUESTS TO 843-746-0725.**

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 STATE		
AGENCY IDENTIFIER: 19	AGENCY LOCATICN CODE (ALC): 19-000001	ACH FORMAT. ☐ CCD+ ☐ CTX
ADDRESS: Charleston Financial Service Center, 1969 Dyess Ave, Charleston SC 29405 Department of State C/O Payments Division		
CONTACT PERSON NAME: Brian Beckett/Emily Mills/Vanessa Stokes-Tabb		TELEPHCNE NUMBER: (843)202-3936/3961/3970
VENDOR TYPE: *(see below for vendor types)* **"N"**	**DUNS**:	**SCAC CODE:** **HOME ALLOTMENT NO: 1087**

PAYEE/COMPANY INFORMATION

NAME:	SSN NO. OR TAXPAYER 10 NO.
ADDRESS:	
CITY/STATE:	ZIP CODE:
CONTACT PERSON NAME: PROMPT PAY TYPE "F"	TELEPHONE NUMBER:

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHCNE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER: **(SHOULD BEGIN WITH 0,1,2, OR 3)**	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL; **(Could be the same as the ACH Coordinator)**	TELEPHONE NUMBER:

VENDOR TYPES:

___A. FEDERAL AGENCY
___B. BUSINESS
___C. CONTRACT EMPLOYEE
___D. DOS EMPLOYEE
___E. CHILD CARE
___F. FEDERAL EMPLOYEE
___G. GRANTEES
___H. INVITATIONAL TRAVEL *(FOR CONTRACTORS NEEDING CFMS TRAVEL ORDERS)*
___K. FOREIGN GOV'T
___L. LOCAL GOV'T
___M. FSN CONTRACTOR
___P. PROF. SERVICE CONSULTANTS
___Q. GRANTS
___R. REPATRIATION
___S. STATE GOV'T
___T. TRANSP
___U. UTILITY
___W. COURT
___Y. DEPENDENTS