

S A M P L E
ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM

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

Patent and Trademark Office

AGENCY IDENTIFIER:

PTO

AGENCY LOCATION CODE (ALC):

13-10-0001

ACH FORMAT:

CCD+

CTX

ADDRESS:

Box 17, Crystal Park 1, Room-802

Washington, DC 20231

CONTACT PERSON NAME:

Laurie Taylor

TELEPHONE NUMBER:

(703) 305-8167

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME:

Name of payee/company receiving payment

SSN NO. OR TAXPAYER ID NO.

Social Security No. or Employer Id No.

ADDRESS:

Address that will receive ACH/vendor/miscellaneous payments

CONTACT PERSON NAME:

Contact person name of the payee/company

TELEPHONE NUMBER:

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FINANCIAL INSTITUTION INFORMATION

Name:

Address:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

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NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

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