Attachment 1

OMB No. 1510-0056
Expiration Date 06/30/93

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
Department of the Interior, U.S. Fish and Wildlife Service

AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT:
FWS	14-16-0006	☒ CCD+ ☐ CTX ☐ CTP

ADDRESS:
Fish and Wildlife Fiscal Services Unit, DASC

Denver, Colorado 80227-2070

CONTACT PERSON NAME:	TELEPHONE NUMBER
Barbara Williams	(303) 969-5763

ADDITIONAL INFORMATION:
INCLUDE CCMAIL ADDRESS HERE

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
TO BE COMPLETED BY EMPLOYEE -	

ADDRESS

CONTACT PERSON NAME:	TELEPHONE NUMBER:
EMPLOYEE'S NAME	( )

FINANCIAL INSTITUTION INFORMATION

NAME:
TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION

ADDRESS:

ACH COORDINATOR NAME:	TELEPHONE NUMBER:
	( )

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:
	( )