

PAYMENT INFORMATION FORM
ACH VENDOR PAYMENT SYSTEM

This form is used for ACH payments with an addendum record that carries payment-related information. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PAPERWORK REDUCTION ACT STATEMENT

The information being collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the U.S. 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.

PAYEE/COMPANY INFORMATION

NAME: _____
ADDRESS: _____

CONTACT: _____ TELEPHONE NUMBER: _____
TAX ID Number: _____ FAX NUMBER: _____

FEDERAL AGENCY INFORMATION

NAME: _____
ADDRESS: _____

CONTACT: _____ TELEPHONE NUMBER: _____

FINANCIAL INSTITUTION INFORMATION

NAME: _____
ADDRESS: _____

ACH COORDINATOR NAME: **Nikki Main**
TELEPHONE NUMBER: **(503) 378-4633**
NINE-DIGIT ROUTING TRANSIT NUMBER: _____
DEPOSITOR ACCOUNT TITLE: _____
DEPOSITOR ACCOUNT NUMBER: _____
TYPE OF ACCOUNT: **Checking**
SIGNATURE AND TITLE OF REPRESENTATIVE: _____ TELEPHONE NUMBER: _____ DATE: _____