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 **Battelle Memorial Institute – Battelle Pacific Northwest Division**			
AGENCY IDENTIFIER	AGENCY LOCATION CODE (ALC)	ACH FORMAT ☐ CCD+ ☒ CTX ☐ CTP	
ADDRESS 902 Battelle Boulevard, MS J1-24			
CITY Richland		**STATE** WA	**ZIP CODE** 99352
CONTACT PERSON NAME Jackie Steele		**CONTACT EMAIL** Jackie.Steele@pnl.gov	**CONTACT PHONE** (509) 371 - 7538
Please direct Completed Form & Invoice Related Questions to: AP.Invoices@pnl.gov (509) 371-7377			

PAYEE/COMPANY INFORMATION

NAME	**SSN# or TAXPAYER ID#**	
ADDRESS		
CITY	**STATE**	**ZIP CODE**
CONTACT PERSON NAME	**DATE**	**CONTACT PHONE** ( ) -
NOTIFICATION EMAIL SAME AS ABOVE? ☐ YES or ☐ NO	**NOTIFICATION EMAIL**	

FINANCIAL INSTITUTION INFORMATION

NAME		
ADDRESS		
CITY	**STATE**	**ZIP CODE**
NINE-DIGIT ROUTING TRANSIT NUMBER [ ][ ][ ][ ][ ][ ][ ][ ][ ]		
DEPOSITOR ACCOUNT NUMBER		**LOCKBOX NUMBER**
TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS ☐ LOCKBOX		