This form is used for Automated Clearinghouse (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 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 U.S. Department of the Treasury 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 Clearinghouse Payment System.

### AGENCY INFORMATION

<table>
<thead>
<tr>
<th>FEDERAL PROGRAM AGENCY</th>
<th>OFFICE OF JUSTICE PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY IDENTIFIER:</td>
<td>OJP</td>
</tr>
<tr>
<td>AGENCY LOCATION CODE (ALC):</td>
<td>15–04–0001</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>810 Seventh Street, NW., Attn: Office of the Chief Financial Officer Control Desk</td>
</tr>
<tr>
<td>Washington, D.C. 20531</td>
<td></td>
</tr>
<tr>
<td>AGENCY CONTACT:</td>
<td>Office of the Chief Financial Officer - Customer Service Center</td>
</tr>
<tr>
<td>TELEPHONE NUMBER:</td>
<td>1–800–458–0786</td>
</tr>
</tbody>
</table>

### PAYEE/COMPANY INFORMATION

| NAME:                  |                         |
| ADDRESS:               |                         |
| E-MAIL ADDRESS:        |                         |
| CONTACT PERSON NAME:   |                         |
| TELEPHONE NUMBER:      |                         |

### TO BE COMPLETED BY FINANCIAL INSTITUTION

| NAME:                          |                         |
| ADDRESS:                       |                         |
| NAME OF BANK OFFICIAL OR ACH COORDINATOR: |                         |
| 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 BANK OFFICIAL OR ACH COORDINATOR: |                         |
| DATE:                          |                         |