

ACH Information

There are three sections comprising the ACH form:

- Agency Information section – Preprinted on form.
- Payee/Company Information Section – Payee (also known as grantee) enters the following: identifying information (i.e., name of grantee organization and street address), e-mail address and telephone number.

The Depositor Account Title and the name of the organization that received the award should be exactly the same (e.g., award recipient “ABC Police Department” would be considered a different entity from the depositor title “City of ABC”). If the award recipient differs from the Depositor Account Title, a letter of explanation is required. This letter must be sent with the ACH form and submitted on the recipient’s letterhead, signed by an authorized official, and must explain why the funds are to be deposited into an account belonging to an entity other than the direct recipient of the award.

- Financial Institution Information Section – This section should be filled out by the financial institution/bank official ONLY. The type of account should be checked, and the signature, title, and telephone number of the appropriate financial institution official should be included as well. **Only the authorized financial institution/bank official should sign (electronically or physical ink “wet” signature) the last line in the “Financial Institution Information” section of the ACH form.**

OCFO will confirm the banking information with the financial institution prior to entry into OJP records.

When the form is completed and signed by a bank official, please send the form via:

Email to Control.DeskOJP@ojp.usdoj.gov, or

Mail, UPS, FedEx, DHL, or other carrier:

Office of Justice Programs
810 Seventh Street, NW.
Attn: Office of the Chief Financial Officer
Washington, DC 20531

The ACH form must be received before payments are processed

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

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	
<p>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.</p>	

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

**Grantee Employer/Taxpayer
Identification Number:**

PAYEE/COMPANY INFORMATION	
NAME:	OJP Vendor Number:
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: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED BANK OFFICIAL OR ACH COORDINATOR:	DATE: