

**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