

Commonwealth of Pennsylvania Pennsylvania Electronic Payment Program (PEPP) Enrollment Form

Only the Owner of the Bank Account or an Authorized Company Official may request payments via ACH.

ACTION REQUESTED: (check one) NEW CHANGE STOP

Recipient Information (Please **PRINT** or **TYPE** Information)

Federal Taxpayer Identification Number

SAP Vendor Number

Name: _____

If receiving payments from PA Dept of Transportation, identify type of payments to be deposited:

Street Address: _____

Or

PO Box: _____

City: _____ **State:** _____ **Zip Code:** _____

Financial Institution Information

Account Type: (check one) CHECKING SAVINGS

Bank Routing Number (9-digit number): _____

Bank Account Number: _____

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Bank Name: _____

Bank Street Address: _____

Or

PO Box: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone #** _____

Please inform your financial institution that you will be having ACH transactions posted to the above account.

Please provide a contact person and phone number for recipient. Please notify Commonwealth of PA, Bureau of Financial Management, Central Vendor Management Unit at 717-214-2868 (Fax 717-214-0140) if you change your financial institution or account number.

Contact: _____ **Phone No.:** _____

Signature of Account Holder or Authorized Official & Title _____ **Date** _____