

PAYMENT INFORMATION FORM INSTRUCTIONS (SF Form 3881)
ACH VENDOR PAYMENT SYSTEM

Section 1: Medical Provider Information (to be completed by the Medical Provider)

Print or type the 9-digit provider number and the name of the company, individual or institution that will receive the funds. The name and address should correspond to the name and address as it appears on the agreement, contract, claim or award document, etc. The provider's contact person and telephone number are also to be provided.

Section 2: Agency Information (to be completed by the Federal Agency)

Print or type the name and address of the federal agency making the payment as well as the name of the agency contact person with telephone number.

Section 3: Financial Institution Information (to be completed by the FI)

Print or type the name and address of the FI and the name of the FI ACH / Direct Deposit Coordinator with telephone number.

Print or type the 9-Digit Routing Transit Number (TRN). If the FI uses a processor, the RTN of the FI should be used.

The name of the corporate customer is placed in the block entitled Depositor Account Title.

Print or type the number of the account into which funds are to be deposited.

Check type of account "Checking" or "Savings."

The *Financial Institution's representative* signs the form and provides a telephone number for contact purposes.