



Supplier and Payee Electronic Funds Transfer (EFT) Enrollment

A. Instructions

USPS® suppliers and payees must use this form to initiate or change existing Electronic Funds Transfer (EFT) payments made through the USPS Accounts Payable System. Follow the instructions in sections B and D.

Send the completed form via one of the following methods:

By mail: ACCOUNTS PAYABLE SUPPLIER MAINTENANCE GROUP
SAN MATEO ACCOUNTING SERVICE CENTER
UNITED STATES POSTAL SERVICE
2700 CAMPUS DR
SAN MATEO CA 94497-9432

By email: accountspayablesuppliermaintenance@usps.gov

By fax: (650) 577-4640

B. Supplier/Payee Information: (Suppliers/Payees complete and sign this section.)

Privacy Act Statement: Your information will be used to transmit payment data electronically to your financial institution. Collection is authorized by 39 USC 401, 404, 410, 1001, 1005, 1206, and 2008.

Providing the information is voluntary, but if not provided, your payments will not be processed electronically. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS (service providers); to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and to financial entities regarding financial transaction issues. For more information regarding our Privacy Policy visit www.usps.com.

1. Supplier/Payee Name	2. Supplier Taxpayer Identification Number (TIN)
3a. Supplier Contact Person Name	4a. USPS Contact Person Name
3b. Supplier Contact Email Address (if available)	
3c. Supplier Contact Telephone Number	4b. USPS Contact Telephone Number
5. Remittance Address (as stated in the contract) (No., street, ste., PO Box number, city, state, ZIP + 4®)	6. Mailing Address (only if different from Item 5)
7a. Does this EFT payment request cover all USPS payments to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. If no to 7a, provide all contract number(s) and payment sites to which this EFT payment request applies (Attach list if more than one)
7b. Existing Accounts Payable Supplier Number (if available)	

C. Supplier/Payee Certification

I certify that I am entitled to receive the payments, described above, from the USPS. By signing this form, I authorize the USPS to transmit these payments to the financial institution named below, and for the financial institution to deposit the payments in the account number specified. The financial institution listed below has provided or verified the accuracy of the information recorded in Section D.

1. Printed Name	2. Title
3. Signature	4. Date

D. Financial Institution Information

Instructions: Supplier/payee completes items 1–5 of this section. Return the completed form with a cancelled or voided check to the requester as outlined in Section A. If supplier/payee does not submit a cancelled or voided check, then supplier/payee must have his or her Financial Institution complete items 6–9.

1. Financial Institution (Bank) Name	2a. Financial Institution (Bank) Branch Address	
3a. Supplier/Payee (Depositor) Account Name	2b. ACH/EFT Coordinator Name	
3b. Supplier/Payee (Depositor) Account Number	2c. Email Address	2d. Telephone Number
4. Branch Routing Transit Number (9 digits)	5. Type of Account (include a cancelled or voided check) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
6. Name of Authorized Bank Official	7. Title of Authorized Bank Official	
8. Authorized Bank Official Signature	9. Date Signed	