UNITED STATES POSTAL SERVICE®

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. This form is only used for domestic bank EFT enrollment.

Suppliers/Payees: Submit completed form to Contracting Officer, Contracting Officer Representative, Postmaster, or USPS contact.

USPS Personnel: Send completed form via one of the following methods:

By email: *accountspayablesuppliermaintenance@usps.gov*

By fax: (650) 577-4640

B. Supplier/Payee Information *(Supplier/Payee completes.)*

Privacy Act Statement: Your information will be used to support the transmittal of electronic payment data to your financial institution. Collection is authorized by 39 U.S.C.401, 404, 410, 1001, 1005, 1206, and 2008.

Supplying the information is required to transmit your payment electronically. We do not disclose your information to third parties without your consent, except to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to agencies and entities to facilitate or resolve financial transactions; to a U.S. Postal Service auditor; for law-enforcement purposes, to labor organizations as required by applicable law; incident to legal proceedings involving the Postal Service; to government agencies in connection with decisions as necessary; to agents or contractors when necessary to fulfill a business function or provide products and services to customers; to a permit holder or the presenter of a mailing being made on the customer's behalf; and records regarding individuals who are indebted to the U.S. Postal Service or another federal agency may be disclosed to the Office of Personnel Management, the Department of Defense, the Internal Revenue Service, and the Department of the Treasury, when under an approved computer-matching agreement. For more information regarding our privacy policies visit *www.usps.com/privacypolicy*.

1. Supplier/Payee Name

2. Supplier Taxpayer Identification Number *(TIN)*

3a. Supplier Contact Person Name

3b. Supplier Contact Email Address *(if available)*

3c. Supplier Contact Telephone Number

4. Remittance Address *(as stated in the contract) (No., street, ste., PO Box number, city, state, ZIP + 4®)*

5. Mailing Address *(only if different from Item 4)*

6a. Does this EFT payment request cover all USPS payments to you?

☐ Yes ☐ No

6b. Existing Accounts Payable Supplier Number *(if available)*

7. If no to 6a, provide all contract number(s) and payment sites to which this EFT payment request applies. *(Attach list if more than one).*

C. Supplier/Payee Certification *(Supplier/Payee completes and signs this section.)*

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. **Warning:** Furnishing of false information on this form may result in a fine of not more than $10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

1. Printed Name

2. Title

3. Signature

4. Date

D. Financial Institution Information (domestic bank only)

Instructions: ***Supplier/payee completes items 1–5 of this section.*** Return the completed form with a cancelled or voided check to the requester. 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. Financial Institution (Bank) Email

2d. Telephone Number

4. Branch Routing Transit Number *(9 digits)*

5. Type of Account *(include a cancelled or voided check)*

☐ Checking ☐ Savings

6. Name of Authorized Bank Official

7. Title of Authorized Bank Official

8. Authorized Bank Official Signature

9. Date Signed

E. USPS Contact Information and Certification *(USPS completes and signs this section.)*

I verified that the supplier completed this form and that the supplier/payee information in Sections B and C matches the information in our files or contracting records.

1. USPS Contact Person Name: *(Print name)*

2. USPS Contact Telephone Number

3. USPS Contact Email Address

4. Signature

5. Date