

INSTRUCTIONS: 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. Please type or print **All Fields** indicated below.

Return this completed form by FAX to 703-292-9006. If unable to FAX, call 703-292-4443 for Secure Email.

NOTE: If any information provided on this form changes, you must submit a new NSF Form 1379.

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 31U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to individual's financial institution. **Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.**

SECTION I: GENERAL INFORMATION — Must be filled by Program Office before distributing this form.

Vendor Type
(select one)

IPA

Employee

Fellow*

Invitational

*Fellow iTRAK
Authorization #

NSF Contact Name

NSF Contact Phone Extension

SECTION II: INDIVIDUAL INFORMATION

Last Name

First Name

Middle Name

Home Street Address

Apt/Unit #

City

State

Zip Code

Email Address

Social Security Number

SECTION III: BANK INFORMATION

Bank Name

Bank Address

Type of Account

Savings

Checking

IF this account is shared with another NSF payee (spouse, etc.), please provide person's name.

Routing Number
(nine digits)

Account Number

SECTION IV: AUTHORIZATION

I hereby certify as to the accuracy of the information contained herein, and I understand that if this information is incorrect, payment could be delayed by a period of 30 to 90 days.

Sign and date this request form after you have carefully read the instructions and Privacy Act above.

Print Name

Signature

Date