

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

ACTION REQUESTED: (check one) ☒ NEW** ☐ CHANGE** ☐ STOP

**** FORM WITH INCOMPLETE FIELDS WILL BE RETURNED. Form WILL NOT be processed without account verification. For verification of a NEW or CHANGE request – Vendor must submit a letter from the bank or a VOIDED check (Ⓢ starter checks).**

Recipient Information:

Enter your Tax Identification Number in the appropriate box. For Individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number

Employer Identification Number

OR

27 0562510

For Authorized Use Only

VIN:

BPT:

Identify the Type of Payments Anticipated:

Legal Name (as it appears on IRS W-9): MASJID AL-NUR

Street Address/PO Box: 5247 Simpson Ferry Rd City: Mechanicsburg State: PA Zip Code: 17050

Name of Person Filling Out Form: Abdullahi Title: PRESIDENT

Phone Number: 717 802 5133 Ext: _____ Email Address: masjidnoorpa@gmail.com

Financial Institution Information:

Bank Name: PNC BANK , 6416 Carlisle Pike Suite 3600

Bank Street Address/PO Box: 5247 Simpson Ferry City: Mechanicsburg State: PA Zip Code: 17050

ACH Coordinator Name: Brittany Marol Title: Business Center Manager

Phone Number: 717 691 4768 Ext: _____ Email Address: Brittany.Marol@pnc.com

Account Type: (check one) ☒ Checking

☐ Savings

Bank Transit Routing Number

031312738

Bank Account Number – Start at left, leave unused spaces blank

5012205348

If the CHANGE BOX was checked at the top of this form please complete the following:

Old Bank Transit Routing Number to be deleted

Old Bank Account Number to be deleted

Authorization: - REQUIRED

☐ Check here if these funds will be further credited/forwarded to an account outside the United States.

I certify that the above information is accurate as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form and/or via the Internet at the vendor self service website.

Authorized Signature: [Signature] Title: PRESIDENT

Printed Name: ABDULLAH MAHMUD Date: 07/29/2022

Phone Number: 717 802 5133 Ext: _____ Email Address: masjidnoorpa@gmail.com