PSC-PEPP-1
07-2015

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 (Ø 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).

For Authorized Use Only
VIN:
BPT:

Social Security Number
_ _ _   _ _   _ _ _ _

OR

Employer Identification Number
27 0562510

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: Mechanisburg 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: Mechanisburg State: PA Zip Code: 17050

ACH Coordinator Name: Brittany Marof Title: Buisness Center Manager

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

Account Type: (check one) ☑ Checking ☐ Savings

Bank Transit Routing Number	Bank Account Number – Start at left, leave unused spaces blank
031312738	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: _____ Title: _____

Printed Name: _____ Date: _____

Phone Number: _____ Ext: _____ Email Address: _____