

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

ACTION REQUESTED:

☒ NEW**

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

Recipient Information:! F9EI F98

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

____ _

OR

Employer Identification Number

____ _

For Authorized Use Only

VIN:

____ _

BPT:

____ _

Identify the Type of Payments Anticipated: _____

Legal Name (as it appears on IRS W-9): _____

Street Address/PO Box: _____ City: _____ State: _____ Zip Code: _____

Name of Person Filling Out Form: _____ Title: _____

Phone Number: _____ Ext: _____ Email Address: _____

Financial Institution Information:! F9EI F98

Bank Name: _____

Bank Street Address/PO Box: _____ City: _____ State: _____ Zip Code: _____

ACH Coordinator Name: _____ Title: _____

Phone Number: _____ Ext: _____ Email Address: _____

Account Type: (check one) ☒ Checking

☐ Savings

Bank Transit Routing Number (9 digits)

____ _

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

____ _

☐

This box is checked in acknowledgement of desire for paperless remittance information known as **Electronic Addenda (EA)**. EA will provide remittance information as in this example:
705RMR*IV*XXXXXXXXXXXXXXXXXX**\$0.00\ENT*1\ ("X" represents the 16-digit invoice number or other type of identification number) at the time of the direct deposit. Vendor is responsible if any fees are charged by the banking institution.

Authorization by Vendor Representative: - 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: _____

INSTRUCTIONS FOR COMPLETING PEPP ENROLLMENT FORM

General instructions: **Please type or print clearly.** Complete all fields that are applicable to your business. Only the Owner of the Bank Account or an Authorized Company Official may request payments via ACH. Only one bank account per Taxpayer Identification Number is permitted (government entities excluded). If you have any questions about filling out the form, direct them to the Commonwealth of PA, Vendor Data Management Unit at 717-346-2676 or 877-435-7363 (toll-free). Completed enrollment forms can be emailed to RA-PSC_SUPPLIER_REQUESTS@PA.GOV, faxed to 717-214-0140 or sent by mail to: Commonwealth of PA, Office of the Budget, Payable Services Center, 9th Floor Forum Place, 555 Walnut Street, Harrisburg, PA 17101.

Please inform your financial institution that you will be having ACH transactions posted to the above account.

Recipient Information	Instructions
SSN/EIN	Enter Social Security Number if an individual or the employer identification number registered with the Internal Revenue Service (IRS).
Payment Types	Identify the grant monies or state agency monies anticipated from.
Name	Enter the legal name as registered with the IRS.
Address, City, State, Zip + 4	Enter the street address or post office box, city, state and zip code of the location that payment information should be sent to.
Name of person filling out form	Enter the person's name to contact with any questions relating to the form.
Title	Enter the title of the person completing the form.
Telephone Number/ Email address	Enter the telephone number including area code & extension and email address of the person completing the form.
Financial Institution Information	Instructions
Bank Name	Enter name of the financial institution (bank, credit union, savings & loan, etc.).
Bank Address, City, State, Zip + 4	Enter the street address or post office box, city, state and zip code of the location that payment will be deposited.
ACH Coordinator Name/Title/ Telephone number & Email address	Enter the name of your financial institution's ACH coordinator and title, telephone number and email address.
Account Type	Indicate account type. Account must be designated as either checking or savings.
Routing Number	The routing number is the nine (9) digit Bank Identification Number located at the bottom of your check. If you are unsure, contact your financial institution.
Account Number	List the account number into which funds will be transferred. If you are unsure, contact your financial institution.
Signature of Authorized Official & Title	Signature and title of authorized individual whose name and signature is on record at the financial institution and is authorized to approve banking transactions.



PEPP ENROLLMENT FORM CHECKLIST - Please complete below checklist before submitting the form.

CHECK HERE <input type="checkbox"/>	RECIPIENT INFORMATION COMPLETED (REQUIRED): <ul style="list-style-type: none"> EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER LISTED (DO NOT LIST BOTH) LEGAL NAME, ADDRESS COMPLETED NAME OF PERSON COMPLETING THE FORM & TITLE and PHONE NUMBER and EMAIL ADDRESS
CHECK HERE <input type="checkbox"/>	FINANCIAL INSTITUTION INFORMATION COMPLETED (REQUIRED): <ul style="list-style-type: none"> BANK NAME and BANK ADDRESS LISTED (STREET/PO BOX ADDRESS, CITY STATE, & ZIP) and BANK PHONE NUMBER ACH COORDINATOR NAME/TITLE and ACH COORDINATOR EMAIL ADDRESS ACCOUNT TYPE (CHECKING <u>OR</u> SAVINGS) CHANGE BOX COMPLETED <u>IF</u> THERE IS A CHANGE TO THE BANK ACCOUNT
ATTACHED <input type="checkbox"/>	LETTER FROM THE BANK CONFIRMING ACCOUNT HOLDER, ROUTING NUMBER AND ACCOUNT NUMBER (REQUIRED) OR A VOIDED CHECK (STARTER CHECK IS <u>NOT</u> ACCEPTABLE)
CHECK HERE <input type="checkbox"/>	AUTHORIZED SIGNATURE/TITLE/PRINTED NAME/DATE/PHONE NUMBER/& EMAIL ADDRESS COMPLETED (REQUIRED)

PRIVACY ACT STATEMENT

The preceding information is provided to comply with the Privacy Act of 1974. The information collected on this form will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent receipt of payment through the Automated Clearing House Payment System.