



Supplier and Payee Electronic Funds Transfer (EFT) Enrollment

A. Instructions

You (USPS® suppliers and payees) must use this form to initiate or change Electronic Funds Transfer (EFT) payments made through the USPS Accounts Payable System. To set up EFT payments for the first time, you must bring the form to your financial institution for verification before you submit it to the USPS for processing. Follow instructions in Sections B through D of the form. Mail the completed form to:

ACCOUNTS PAYABLE SUPPLIER MAINTENANCE GROUP
SAN MATEO ACCOUNTING SERVICE CENTER
UNITED STATES POSTAL SERVICE
2700 CAMPUS DR
SAN MATEO CA 94497-9432

B. USPS Information: (Contracting officer, purchasing specialist, or other USPS representative completes.)

1. USPS Contact Person's Name	5. Accounts Payable Supplier Name
2. USPS Organization Name	6. Accounts Payable Supplier Number
3. Telephone Number (Include area code)	7. Site Name(s)
4. Mailing Address (No., street, ste., PO box no., city, state, ZIP + 4®)	8. Contract Numbers to Which Payments Referenced Here Apply (If any)
	9. Additional Information/Instructions

C. Supplier/Payee Information: (Suppliers/Payees complete and sign this section before Section D is verified.)

Privacy Act Statement: Your information will be used to transmit payment data electronically to your financial institution. Collection is authorized by 39 USC 401, 404, 410, 1001, 1005, 1206, and 2008.

Providing the information is voluntary, but if not provided, your payments will not be processed electronically. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and to financial entities regarding financial transaction issues. For more information regarding our Privacy Policy visit www.usps.com.

1. Supplier/Payee Name	5. Taxpayer Identification Number
2. Supplier Contact Person	6. Contract Number(s) to Which Payments Referenced Here Apply (Only if different from, or in addition to those listed in B8 above. Add attachment if necessary.)
3. Contact Person Telephone Number (Include area code)	7. Change All Payments Made by the USPS to you by this EFT Request? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Address (No., street, ste., PO box no., city, state, ZIP + 4)	8. Mailing Address (Only if different from C4 - no., street, ste., PO box no., city, state, ZIP + 4)

Supplier/Payee Certification: I certify that I am entitled to receive the above described payments from the USPS. By signing this form, I authorize these payments to be transmitted to the financial institution named below, and deposited in the account number specified. The financial institution listed below has provided/verified the accuracy of the information recorded in Section D.

9. Signature	10. Date
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D. Financial Institution Information: (Complete or verify this section if completed by the requesting supplier or payee named in Section B. Return the completed form to the requester, or mail it to the address in Section A.)

1. Financial Institution Name	2a. Branch Name	2b. Branch Routing Number -----
3. Branch Address (No., street, city, state, ZIP + 4)		
4a. ACH/EFT Coordinator Name	4b. Telephone Number (Include area code)	
5. Depositor Account Number (Circle one) Checking Savings	6. Depositor Account Name/Title	
7a. Name of Authorized Official	7b. Title of Authorized Official	
8a. Financial Institution Signature	8b. Date Signed	