

U.S. Department of Agriculture
Rural Development
St. Louis, Missouri
**Customer Initiated Payments (CIP)
Enrollment Form**

Please process my request pertaining to the Customer Initiated Payments (CIP) program which uses the Automated Clearing House (ACH) to pay my Rural Utilities Service loan. I understand that the CIP/ACH payments will only be made for my organization on the date that I authorize from the contact our organization makes with the CIP provider.

Current date : _____ / _____ / _____

Action Requested: Add Change Delete

MASTER FILE CIP DATA	
Reference No.:	_____ - _____ (last 5 or 6 digits as shown on RUS Form 615)
Borrower Name:	_____
Address:	_____
City/State/Zip:	_____, _____
Contact Person/Title:	_____ (Please Print)
Signature of Contact:	_____ (Signature Only)
Telephone No.:	_____ -- _____ -- _____
Fax No.:	_____ -- _____ -- _____
Routing Transit No.:	_____ (Must be 9 Digits)
Account No.:	_____
Acct. Type:	<input type="checkbox"/> Corporate Checking <input type="checkbox"/> Consumer Checking <input type="checkbox"/> Savings
Effective Date:	_____ / _____ / _____

If routing transit no. or bank account is new, please send a VOIDED check or deposit slip

Fax this completed form and attachments to:

OR

Mail this completed form with attachments to:

USDA / Rural Development / RUS
DCFO / CMB
ATTN: Janice/Georgia
314 - 457-4370

USDA/Rural Development/RUS
ATTN: Cash Management Branch
Mail Code: FC-363
P. O. Box 200011
St. Louis, MO 63120-0011

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Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on the form is required under various provisions of title 15 U.S.C. 1601, 12 CFR 205 and 31 CFR 202, for the purpose of providing the authority to the Department of Treasury to designate financial institutions to collect payments, by electronic means, from your account. The information will be used for identification with the records of the government agency and the financial institution to direct your payments to the point you authorize.