ACH PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information 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 the receipt of payments through the Automated Clearing House Payment System.

AGENCY	INFOR	MATIC)N
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FEDERAL PROGRAM AGENCY						
INSTITUTE OF MUSEUM AND LIBRARY SERVICES						
AGENCY IDENTIFIER	AGENCY LOCATION CODE		ACH FORMAT			
IMLS	5900004		CCD+			
ADDRESS						
1800 M STREET, NW, 9 TH FLOOR						
WASHINGTON, DC 20036-5802						
CONTACT PERSON NAME		TELEPHONE NUMBER				
Grants Administration		202-653-4737				

PAYEE INFORMATION			
NAME	SOCIAL SECURITY NO. OR TAXPAYER ID NO.		
ADDRESS			
	IMLS GRANT NUMBER:		
CONTACT PERSON NAME	TELEPHONE NUMBER		

	FINAN	CIAL INSTITU	ITION INFORMATION	
NAME				
ADDRESS				
ACH COORDINATOR			TELEPHONE NUMBER	
NINE-DIGIT ROUTING	TRANSIT NUMBE	R		
DEPOSITOR ACCOUN	IT TITLE			
DEPOSITOR ACCOUN	IT NUMBER			
TYPE OF ACCOUNT (please circ	le)			
Checking	Savings	Lockbox		
SIGNATURE AND TITLE OF AUT (COULD BE THE SAME AS ACH			TELEPHONE NUMBER	
IOMB No. 1510-0058			-	SF 3881

ACH PAYMENT ENROLLMENT FORM

INSTRUCTIONS

In a government-wide cost cutting effort, the U.S. Treasury has mandated that all government payments be processed through an Electronic Funds Transfer system. They have developed the Vendor Express to utilize the Automated Clearing House (ACH) network to process financial transactions. This will allow IMLS to transfer funds directly to your bank account.

To enroll in the program, please complete the "ACH Payment Enrollment Form," (SF-3881) on the front of this page, as follows:

- 1. Complete the "Payee Information" section of the form. The "Contact Person Name" must be the same person as the "Authorized Representative" listed on your grant application.
- 2. Ask your financial institution to complete the "Financial Institution Information" section. This form should be signed by the ACH Coordinator at your bank.
- 3. Make arrangements with your bank to be notified of deposit.
- 4. Make a copy of the completed form for your files.
- 5. Return the completed original form to the IMLS. Email the form in PDF format to IMLS Grants Administration at <u>grantsadmin@imls.gov</u>. If you do not have the capability to email PDF documents, the form may be mailed to the address shown in the "Agency Information" section no later than the date indicated in the Memorandum.

PLEASE NOTE:

- 1. It is your responsibility to notify IMLS if your banking information changes (i.e., you change account numbers, banks, etc.)
- 2. If you have other grants from IMLS, payments from those grant funds will be direct deposited to the same bank account.

If you have questions, please call the IMLS Contact Person named in the "Agency Information" section of the form.