

Fax completed form to:
(972) 580-2594

**PAYMENT INFORMATION FORM
ACH VENDOR PAYMENT SYSTEM**

Customer Name: _____

This form is used for ACH payments with an addendum record that carries payment-related information. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PAPERWORK REDUCTION ACT STATEMENT

The information being collected on this form is required under the provision 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.

CUSTOMER INFORMATION	
NAME:	SSN OR TAXPAYER ID NO.:
ADDRESS, CITY, STATE, ZIP:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
E-MAIL ADDRESS FOR ELECTRONIC NOTIFICATIONS:	

PAYEE INFORMATION
NAME: Boy Scouts of America
ADDRESS: Attn: Accounts Payable 1325 West Walnut Hill Lane Irving, TX 75038-3008 (972) 580-2000

FINANCIAL INSTITUTION INFORMATION	
NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER:
TYPE OF ACCOUNT: CHECKING SAVINGS	
NINE-DIGIT ROUTING TRANSIT NUMBER:	DEPOSITOR ACCOUNT NUMBER:
DEPOSITOR ACCOUNT TITLE: (Name on account such as company or individual)	
SIGNATURE AND TITLE OF CUSTOMER/COMPANY REPRESENTATIVE	TELEPHONE NUMBER:

<u>For AP Use Only</u>	
Vendor number: _____	Completed by: _____
Received in AP: _____	Set-up Date: _____
Eff. Date: _____	E-mailed: _____