

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

Only the Owner of the Bank Account or an Authorized Company Official may request payments via ACH.

**ACTION REQUESTED:** (check one)     NEW     CHANGE     STOP

**Recipient Information**      (Please **PRINT** or **TYPE** Information)

**Federal Taxpayer Identification Number**     

**SAP Vendor Number**     

**Name:** \_\_\_\_\_

If receiving payments from PA Dept of Transportation, identify type of payments to be deposited:

\_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Or**

**PO Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Financial Institution Information**

**Account Type:** (check one)     CHECKING     SAVINGS

**Bank Routing Number (9-digit number):** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

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**Bank Name:** \_\_\_\_\_

**Bank Street Address:** \_\_\_\_\_

**Or**

**PO Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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

Please provide a contact person and phone number for recipient. Please notify Commonwealth of PA, Vendor Data Management at 717-346-2676 (Fax 717-214-0140) if you change your financial institution or account number.

**Contact:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Signature of Account Holder or Authorized Official & Title** \_\_\_\_\_ **Date** \_\_\_\_\_