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

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

**NEW or CHANGE Vendor must submit a VOIDED Check

Recipient Information:

Enter your Tax Identification Number in the appropriate box.
For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number	OR	Employer Identification Number
___ ___ ___-___ ___-___ ___ ___ ___		___ ___-___ ___ ___ ___ ___ ___ ___

SAP Vendor Number ☐

If you are a governmental unit, identify type of payments: _____

Name (as it appears on your W-9): _____

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____ Phone #: ( ) _____

Financial Institution Information:

Bank Name: _____

Bank Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

ACH Coordinator: _____ Title: _____ Phone #: ( ) _____

Account Type: (check one) ☐ CHECKING ☐ SAVINGS

Bank Transit Routing Number	Bank Account Number – Start at left, leave unused spaces blank
___ ___ ___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

If the CHANGE BOX was checked at the top of this form please complete the following:

Old Bank Transit Routing Number to be deleted	Old Bank Account Number to be deleted
___ ___ ___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Authorization:

☐ **Check here if these funds will be further credited/forwarded to an account outside the United States.**

I certify that the above information is accurate as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____