

**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: _____

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, Bureau of Payable Services, Payable Service Center Vendor Data Management Unit, at 717-346-2676 (Fax 717-214-0140) if you change your financial institution or account number.

Contact: _____ Phone No.: _____

_____ Signature and Title of Account Holder or Authorized Official	_____ Date
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