

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. 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 INFORMATION**

FEDERAL PROGRAM AGENCY

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

CCD+     CTX     CTP

ADDRESS:

CONTACT PERSON NAMES:

TELEPHONE NUMBER:

ADDITIONAL INFORMATION:

**PAYEE/COMPANY INFORMATION**

NAME CAPS SERVICE - U.S. POSTAL SERVICE

SSN NO. OR TAXPAYER ID NO.  
1135661517

ADDRESS 2700 CAMPUS DR

SAN MATEO CA 94497-9223

CONTACT PERSON NAME: SHELBY L. DILLON

TELEPHONE NUMBER:  
(650) 377-1334

**FINANCIAL INSTITUTION INFORMATION**

NAME: BANK OF AMERICA

ADDRESS: P.O. BOX 37000

SAN FRANCISCO CA 94137

ACH COORDINATOR NAME: TRENT TERRY

(415) 436-5403

NINE-DIGIT ROUTING TRANSIT NUMBER: 1 2 1 0 0 0 3 5 8

DEPOSITOR ACCOUNT TITLE: U.S. POSTAL SERVICE

DEPOSITOR ACCOUNT NUMBER: 12333-17781

LOCKBOX NUMBER:

TYPE OF ACCOUNT:     CHECKING             SAVINGS             LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)

TELEPHONE NUMBER:  
(650) 377-1334

