

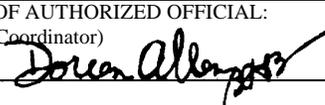
**ACH VENDOR/MISCELLANEOUS PAYMENT  
 ENTOLLMENT FORM**

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.

<b>PRIVACY ACT STATEMENT</b>	
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.	

<b>AGENCY INFORMATION</b>		
FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: [ ] CCD+ [ ] CTX
ADDRESS:		
CONTACT PERSON NAME:	FAX# ( )	TELEPHONE NUMBER: ( )
ADDITIONAL INFORMATION: PITNEY BOWES POSTAGE BY PHONE ACCT#:		

<b>PAYEE/COMPANY INFORMATION</b>	
NAME: USPS/CITIBANK LOCK BOX OPS	SSN NO. OR TAXPAYER ID NO.
ADDRESS: 1 PENN'S WAY NEW CASTLE, DE 19720	
CONTACT PERSON NAME: DOREEN ALLEN	TELEPHONE NUMBER: (302) 323-5149

<b>FINANCIAL INSTITUTION INFORMATION</b>	
NAME: CITIBANK/CMRS/PITNEY BOWES POSTAG BY PHONE	
ADDRESS: 1615 BRETT ROAD NEW CASTLE, DE 19720	
ACH COORDINATOR NAME: DOREEN ALLEN	TELEPHONE NUMBER: (302) 323-5149
NINE-DIGIT ROUTING TRANSIT NUMBER: <u>0 2 1 0 0 0 0 8 9</u>	
DEPOSITOR ACCOUNT TITLE: CMRS/PITNEY BOWES POSTAGE BY PHONE	
DEPOSITOR ACCOUNT NUMBER: 4067-8633	LOCKBOX NUMBER:
TYPE OF ACCOUNT: [ x ] CHECKING [ ] SAVINGS [ ] LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator) DOREEN ALLEN 	TELEPHONE NUMBER: (302) 323-5149

NSN 7540-01-274-9925

AGENCY COPY

SF 3881 (Rev 12/90)

Prescribed by Department of Treasury  
 31 U S C 3322; 31 CFR 210

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

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**AGENCY INFORMATION**

FEDERAL PROGRAM AGENCY

AGENCY IDENTIFIER: (CEFMS-UFC)

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

CCD+     CTX     CTP

ADDRESS:

CONTACT PERSON NAMES: (Electronic Funds Transfer Customer Service)

TELEPHONE NUMBER:  
( )

ADDITIONAL INFORMATION: (Postage Meter Vendor will provide a Postage by Phone Account Number.)

**PAYEE/COMPANY INFORMATION**

NAME USPS/CITIBANK LOCK BOXT OPS

SSN NO. OR TAXPAYER ID NO.

ADDRESS 1 PENNS WAY, NEW CASTLE, DE 19720

CONTACT PERSON NAME: DOREEN ALLEN

TELEPHONE NUMBER:  
(302) 323-5149

**FINANCIAL INSTITUTION INFORMATION**

NAME: CITIBANK/CMRS/PITNEY BOWES POSTAGE BY PHONE

ADDRESS: 1615 BRETT ROAD, NEW CASTLE, DE 19720

ACH COORDINATOR NAME: DOREEN ALLEN

(302) 323-5149

NINE-DIGIT ROUTING TRANSIT NUMBER: 021000089

DEPOSITOR ACCOUNT TITLE: CMRS/PITNEY BOWES POSTAGE BY PHONE

DEPOSITOR ACCOUNT NUMBER: 4067-8633

LOCKBOX NUMBER:

TYPE OF ACCOUNT:     CHECKING                       SAVINGS                       LOCKBOX

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

TELEPHONE NUMBER:  
(302) 323-5149