

**INSTRUCTIONS FOR COMPLETING
SF-3881 ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM**

This form will be used to make direct deposit payments to USDA program participants from NRCS appropriated dollars, including the Wildlife Habitat Incentives Program (WHIP). Payments are issued by the USDA - Office of Finance and Management - National Finance Center.

The following instructions are provided to help insure prompt processing of WHIP cost share payments. Failure to provide the requested information may delay the receipt of payments through the Automated Clearing House Payment System.

INSTRUCTIONS FOR COMPLETING SF-3881

Agency Information Section: This section is completed by NRCS. The form included in this WHIP Guidance Note has been prepared with all of the agency information that is needed for this section. You do not need to fill in any blanks.

Payee/Company Information Section: NRCS will complete the Name, Social Security Number or Taxpayer ID Number, and phone number section of the form. The payee (participant) also must verify the depositor account number, account title, and type of account entered by the financial institution in the Financial Institution Information Section below.

Financial Institution Information Section: The information in this section is to be completed by the payee's financial institution. The payee (participant) shall deliver the SF-3881 to their financial institution to complete this section. WHIP participants **should ask their financial institution how they will be notified when payment is received. NRCS will not mail any payment notification to the participants.**

PROCESSING FORM SF-3881 ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

1. The payee and financial institution should maintain a copy of the completed SF-3881.
2. WHIP participants must mail their original completed SF-3881 form to the NRCS National Finance Center at the following address:

**USDA, OCFO/NFC
P.O. Box 60,000
Miscellaneous Payment Section
New Orleans, LA 70160**

3. The National Finance Center (NFC) will respond in writing to the payee (participant) and provide An assigned Vendor Express Program (VXP) number. NRCS is **NOT** notified by NFC of the VXP number. The **payee (participant) must** provide the VXP number to the NRCS field office. This number must be included with each FNM-141 Application for Payment request in order for the direct deposit to take place. Failure by the participant to provide NRCS with the VXP number will result in a delay of the cost share payment.

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056
Expiration Date 06/30/93

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

USDA-Office of the Chief Financial Officer - National Finance Center

AGENCY IDENTIFIER:

NRCS

AGENCY LOCATION CODE:

12-40-0001

ACH FORMAT:

CCD+ CTX

ADDRESS:

PO Box 60000

New Orleans, LA 70160

CONTACT PERSON NAME:

NFC Miscellaneous Payments Section

Telephone Number:

1-800-421-0323

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME:

SSN NO. OR TAXPAYER ID NO

ADDRESS:

CONTACT PERSON NAME:

Same as above

Telephone Number:

FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

Telephone Number:

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING SAVINGS LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

Telephone Number: