

**ACH VENDOR PAYMENT
ENROLLMENT FORM**

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

CITY OF PEMBROKE PINES

ADDRESS:

601 CITY CENTER WAY

PEMBROKE PINES, FLORIDA 33025

CONTACT PERSON NAME:

Finance Department / Accounts Payable

TELEPHONE NUMBER

954-450-1071

ADDITIONAL INFORMATION

PAYEE/COMPANY INFORMATION

NAME

SSN NO. OR TAXPAYER ID NO.

ADDRESS

EMAIL ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

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FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

CONTACT:

TELEPHONE NUMBER:

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NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

LOCKBOX

IF POSSIBLE, PLEASE SUBMIT A CANCELLED CHECK WITH THIS ENROLLMENT FORM.

CERTIFICATION OF DATA

NAME:

TITLE/POSITION:

SIGNATURE:

DATE:

TELEPHONE NUMBER:

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Instructions for Completing SF 3881 Form

1. Agency Information Section – The City of Pembroke Pines prints or types the information in this section.

2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive WIRE / ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.

3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the WIRE / ACH payment, WIRE / ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

4. Certification of Data- An authorized officer of the payee entity should complete this section in order to verify the accuracy of the information provided.