

**SF-3881**  
**ELECTRONIC FUNDS TRANSFER PAYMENT**  
**ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. 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 the payee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the ACH payment system.

**PAYEE/COMPANY INFORMATION**

NAME:	SSN. OR TAXPAYER ID NO.
ADDRESS:	
CONTACT PERSON NAME:	TELEPHONE NUMBER: (       )

**FINANCIAL INSTITUTION INFORMATION**

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: (       )
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as the ACH Coordinator)	TELEPHONE NUMBER: (       )

**AGENCY INFORMATION**

FEDERAL PROGRAM AGENCY: <b>USDA RURAL DEVELOPMENT/FARM SERVICE AGENCY</b>	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX
AGENCY CONTACT NAME: <b>FISCAL CONTROL BRANCH</b>	TELEPHONE NUMBER: ( 314 ) 539-2424
WAIVER REQUESTED FOR:	
FINANCIAL HARDSHIP <input type="checkbox"/> PHYSICAL DISABILITY <input type="checkbox"/> MENTAL DISABILITY <input type="checkbox"/> GEOGRAPHIC LOCATION <input type="checkbox"/>	

## INSTRUCTIONS FOR COMPLETING ACH ENROLLEMENT FORMS

### PAYEE/COMPANY INFORMATION

- Name:** Enter the borrower's name as shown on one of the legacy systems.  
This may also be a payee (i.e. Management Agent, Lender, or Closing Agent) and not a borrower. The names of the payees should then be entered in this block.
- SSN Or Taxpayer Id No.:** Enter the borrower or payee's Social Security Number or Employers Identification Number, both of which are considered Tax Identification Numbers.
- Address:** Enter the borrower or payee's address as it relates to the loan.
- Contact Person Name:** Enter the name of the person who should be contacted if any of the information provided for the financial institution fails during the pre-note process (i.e., the borrower name or management agent name).
- Telephone Number:** Enter the phone number for the contact person.

### FINANCIAL INSTITUTION INFORMATION

- Name:** Enter the name of the borrower or payee's financial institution.
- Address:** Enter the address of the financial institution.
- ACH Coordinator Name:** Enter the name of the individual who should be contacted at the financial institution if the pre-note fails or if a manual pre-note is required.
- Telephone Number:** Enter the phone number of the ACH Coordinator.
- Nine-Digit Routing Transit Number:** Enter the 9-digit number for the financial institution which identifies them to the Federal Reserve Banking System
- Depositor Account Title:** Enter the title of the account at the financial institution. This information will be used only if a manual pre-note is required, and will help in identifying the particular account to the ACH Coordinator.
- Depositor Account Number:** Enter the borrower or payee's account number at the financial institution. All disbursements from Rural Development or FSA will be electronically deposited into this account.
- Type Of Account:** Check either Checking or Savings.