Commonwealth of Pennsylvania
Pennsylvania Electronic Payment Program (PEPP) Enrollment Form

ACTION REQUESTED: (check one) ☐ NEW**   ☐ CHANGE**   ☐ STOP

**NEW or CHANGE Vendor must submit a VOIDED Check

Recipient Information:

Enter your Tax Identification Number in the appropriate box.
For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number		Employer Identification Number
— — — - — — - — — — —	**OR**	— — - — — — — — —

SAP Vendor Number [_____]

If you are a governmental unit, identify type of payments: _____

Name (as it appears on your W-9): _____

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____ Phone #: ( ) _____

Financial Institution Information:

Bank Name: _____

Bank Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

ACH Coordinator: _____ Title: _____ Phone #: ( ) _____

Account Type: (check one) ☐ CHECKING   ☐ SAVINGS

Bank Transit Routing Number	Bank Account Number – Start at left, leave unused spaces blank
— — — — — — — — —	— — — — — — — — — — — — — — — — —

If the CHANGE BOX was checked at the top of this form please complete the following:

Old Bank Transit Routing Number to be deleted	Old Bank Account Number to be deleted
— — — — — — — — —	— — — — — — — — — — — — — — — — —

Authorization:

☐ Check here if these funds will be further credited/forwarded to an account outside the United States.

I certify that the above information is accurate as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

Authorized Signature: _____ Title: _____
Printed Name: _____ Date: _____

INSTRUCTIONS FOR COMPLETING PEPP ENROLLMENT FORM

General Instructions: **Please type or print clearly.** Complete all fields that are applicable to your business. Only the Owner of the Bank Account or an Authorized Company Official may request payments via ACH. Only one bank account per Taxpayer Identification Number is permitted (government entities excluded). If you have any questions about filling out the form, direct them to the Commonwealth of PA, Vendor Data Management Unit at 717-346-2676. Completed enrollment forms can be mailed to: Commonwealth of PA, Office of the Budget, Payable Services Center, 9th Floor Forum Place, 555 Walnut Street, Harrisburg PA 17101 or faxed to 717-214-0140. **Please inform your financial institution that you will be having ACH transactions posted to the above account.**

Recipient Information	Instructions
Social Security Number/ Employer Identification Number	Enter Social Security Number if doing business as sole proprietor or your tax payer ID number, the 9 digit number reported on the W-9 form.
SAP Vendor Number	
Government Unit Payment Types	
Name	Enter the complete name of the entity (individual, partnership, or corporation) as it appears on your federal tax forms.
Address, City, State, Zip + 4	Enter the street address or post office box, city, state and zip code of the location that payment information should be sent to.
Contact Person	Enter the name of the person to contact with any questions about payments.
Title	Enter the title of the contact person
Telephone Number	Enter the telephone number including area code and extension of the contact person

Financial Institution Information	Instructions
Bank Name	Enter the name of the financial institution (bank, credit union, savings & loan, etc.) where you want funds deposited.
Bank Address, City, State, Zip + 4	Enter the street address or post office box, city, state and zip code of the location that payment will be deposited.
ACH Coordinator Name	Enter the name of your financial institution's ACH coordinator
Title	Enter the title of your financial institution's ACH coordinator
Telephone Number	Enter the telephone number including area code and extension of your financial institution's ACH coordinator
Account type	Indicate account type. Account must be designated as either checking or savings.
Routing Number	The routing number is the 9 digit Bank Identification Number located at the bottom of your check. If you are unsure, contact your financial institution.
Account Number	The account number is the company or individual's bank account number into which funds will be transferred.
Delete Old Routing Number	The 9 digit Bank Identification Number located at the bottom of your check (old account)
Delete Old Account Number	The account number into which funds were being transferred to.
Signature of Authorized Official & Title	Signature and title of an individual from your entity whose name and signature is on record at your financial institution as authorized to approve banking transactions.