

# CONGRESSIONAL BUDGET OFFICE

## Vendor Survey Form

**USAGE:** The Debt Collection Improvement Act of 1996 requires federal agencies to pay individuals and corporate vendor invoices through Electronic Fund Transfer (EFT) after July 26, 1996. The following information is required by the Congressional Budget Office (CBO) to enable a form of EFT payment called Automated Clearing House (ACH). The information will be kept in an automated vendor database and used for official CBO business. The vendor code may be used to collect or report any delinquent amounts in accordance with the Debt Collection Improvement Act of 1996.

**MAIL COMPLETED FORM TO:**  
Congressional Budget Office  
Procurement Services  
FHOB, Room 405  
Washington, DC 20515  
**OR FAX TO:** (202) 226-2714

Mail or Fax this form to CBO as soon as possible. Keep a copy for your records. It is the vendor's responsibility to notify CBO in writing when any changes to this information occur.

### Section 1: FEDERAL TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)

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#### Type of Business

Corporation     Partnership     Sole Proprietor or Independent Contractor     Non-Profit     Government Agency     University

Name of Business: \_\_\_\_\_ Alternate Name (Doing Business As) \_\_\_\_\_  
or Individual

Correspondence/  
Purchase Order  
Address:

City: \_\_\_\_\_ State:   Zip: \_\_\_\_\_ - \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Email: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Section 2: REMITTANCE ADDRESS (Complete only if different from the address above)

Remittance  
Address:

City: \_\_\_\_\_ State:   Zip:     -    Country: \_\_\_\_\_

Financial Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Financial Contact Email: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Section 3: ACH FINANCIAL INSTITUTION INFORMATION

Routing Transmit Number

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking     Savings

City: \_\_\_\_\_ State:   Zip:     -

Account Title: (if different from the name of business or individual) \_\_\_\_\_

### Section 4: CERTIFICATION OF INFORMATION

I understand that CBO will make payments by ACH and have provided ACH financial institution information.

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For CBO Use Only

PDT: Input by	Date	FFS: Input by	Date	Issue IRS 1099	Reviewed by	Date
				<input type="checkbox"/> Yes <input type="checkbox"/> No		