

Instructions For SF-3881

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

A payment recipient may use this form to sign up for the direct deposit of benefits into the financial institution account of the payee.

If business is transacted with:

- a Service Center, submit the original of the completed form in hard copy to the appropriate USDA servicing office. **DO NOT FAX.**
- Kansas City Commodity Office, submit the original of the completed form in hard copy to the ACH Disbursements, P.O. Box 419205, Stop 8578, Kansas City, MO 64141-6205; or FAX to 816-926-1364.

NOTE: Omit the completion of this form if you are a vendor subject to the rules under the Federal Acquisition Regulation (FAR) and registered in the Central Contract Registry (CCR) system.

Payment recipients may complete the Agency Information section or request the FSA servicing office to complete this section. The payment recipient must complete the Payee/Company Information section and ensure that the Financial Institution Information section is completed.

Agency Information

Fld Name / Item No.	Instruction
Federal Program Agency	Enter "Farm Service Agency/Commodity Credit Corporation".
Agency Identifier	Enter "FSA/CCC".
Agency Location Code (ALC)	If business is transacted with: <ul style="list-style-type: none">• a Service Center, enter "12-06-0000".• Kansas City Commodity Office, enter 0000-4992-2.
ACH Format	Place an "X" in the box in front of "CCD+". This indicates the type of electronic disbursement file that the financial institution will receive.
Address	If business is transacted with:

Fld Name / Item No.	Instruction
	<ul style="list-style-type: none"> • a Service Center, enter the address of the Service Center. • Kansas City Commodity Office, enter the address: ACH Disbursements, P.O. Box 419205, Stop 8578, Kansas City, MO 64141-6205.
Contact Person Name	<p>If business is transacted with:</p> <ul style="list-style-type: none"> • a Service Center, enter the County Executive Director's name, if known. If the name is not known, enter "County Executive Director". • Kansas City Commodity Office, enter Bob Glenn
Telephone Number	<p>If business is transacted with:</p> <ul style="list-style-type: none"> • a Service Center, enter the telephone number of the Service Center where the form will be filed, if known. If the telephone number is not known, leave blank. • Kansas City Commodity Office, enter the telephone number 816-926-6988
Additional Information	<p>If business is transacted with:</p> <ul style="list-style-type: none"> • a Service Center, leave blank. No entry is required in this item. • Kansas City Commodity Office, enter FAX 816-926-1364.

Payee/Company Information Section

Fld Name / Item No.	Instruction
Name	Enter your first name, middle initial, and last name if you are filing this form as an individual. If you are filing this form as a representative of a business, partnership, etc., enter the business entity name, partnership, etc.
SSN No. or Taxpayer ID No.	If you are filing as an individual, enter your Social Security Number. If you are filing as a representative of a business, partnership, etc., enter the Employer's Identification Number.
Mailing Address	<p>If business is transacted with:</p> <ul style="list-style-type: none"> • a Service Center, enter the payee's complete mailing address. Include city, state, and zip code.

Fld Name / Item No.	Instruction
	<ul style="list-style-type: none"> • Kansas City Commodity Office, enter the payee's complete mailing address, including city, state, and zip code, on the first line provided for the mailing address. On the second line provided for the address, enter warehouse code numbers applicable to this SF-3881.
Contact Person Name	If you are filing this form as an individual, enter your name. If you are filing this form as a representative of a business, partnership, etc., enter the name of the person who should be contacted if additional information is needed.
Telephone Number	Enter the telephone number of the contact person.

Financial Institution Information Section

If business is transacted with:

- ***a Service Center, the Financial Institution Information section may be completed by Option A OR Option B***
- ***Kansas City Commodity Office, the Financial Institution Information section may be completed by Option A only.***

Fld Name / Item No.	Instruction
Option A	<p>If business is transacted with:</p> <ul style="list-style-type: none"> • a Service Center, take this form to your financial institution. The financial institution will complete and sign the Financial Institution Information section for you. You may have the financial institution mail this form to the FSA service center in the Agency Information section, or you may deliver it in person or mail it yourself to the FSA service center. • Kansas City Commodity Office, take this form to your financial institution. The financial institution will complete and sign the Financial Institution Information section for you. The financial institution may mail this form for you, or you may mail the form yourself to KCCO. <p>Note: The payee shall verify the depositor account number, account title, and type of account.</p>
Option B	Submit this completed form either by mail or in person with a

Fld Name / Item No.	Instruction
	"VOIDED" check attached. The service center personnel will complete the Financial Institution Information section with information from the voided check.