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)

DUNS _____ DUNS PLUS _____

Type of Business

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

Name of Business: or Individual _____ Alternate Name (Doing Business As) _____

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

Momentum Input by			Date	Issue IRS 1099	Reviewed by	Date
				☐ Yes ☐ No		

Save Form Submit Reset