

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

Only the Owner of the Bank Account or an Authorized Company Official may request payments via ACH.

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

**Recipient Information (Please PRINT or TYPE Information)**

Federal Taxpayer  
Identification Number: \_\_\_\_\_

SAP Vendor Number: \_\_\_\_\_

Name: \_\_\_\_\_

If receiving payments from PA Dept of Transportation, identify type of payments to be deposited:

\_\_\_\_\_

Street Address: \_\_\_\_\_

Or

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Financial Institution Information**

**Account Type:** (check one)  CHECKING  SAVINGS

Bank Routing Number (9-digit number): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Street Address: \_\_\_\_\_

Or

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_

Please inform your financial institution that you will be having ACH transactions posted to the above account. Please provide a contact person and phone number for recipient. Please notify Commonwealth of PA, Bureau of Payable Services, Payable Service Center Vendor Data Management Unit, at 717-346-2676 (Fax 717-214-0140) if you change your financial institution or account number.

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature and Title of Account Holder or Authorized Official

Date