

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

LC ORIGINATING OFFICE Licensing Division		LC CONTACT PERSON NAME		TELEPHONE NO. ()	DATE																		
INSTRUCTIONS: The Debt Collection Improvement Act of 1996 requires Federal agencies to pay individual and corporate vendor invoices through Electronic Fund Transfer (EFT) after July 26, 1996. The following information is required by the Library of Congress to enable a form of EFT payment called Automated Clearing House (ACH). The information will be kept in an automated vendor database and used only for official Library business. Mail or FAX this survey to the Library of Congress as soon as possible. Keep a copy of this form for your files and notify the Library if changes occur. See verso for additional information. The Library of Congress maintains an Internet site that provides information regarding the status of vendor invoices, invoice payments, and other transactions at: http://lcweb.loc.gov/fsd				MAIL TO: Library of Congress Copyright Office Licensing Division 101 Independence Ave., S.E. Washington, DC 20557-6403 OR FAX TO: (202) 707-0905 VOICE: (202) 707-8150																			
VENDOR CODE <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														• Corporations or partnerships use Federal Taxpayer Identification Number (TIN). • Independent contractors or sole proprietors use Social Security Number (SSN). • Foreign firms without TIN, do not enter number. The Library of Congress will assign number.									
TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor or Independent Contractor <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Government Agency <input type="checkbox"/> University																							
VENDOR NAME				ALTERNATE NAME (doing business as)																			
ORDERING ADDRESS LINE 1 (P.O. Box, or Number and Street)				ORDERING ADDRESS LINE 2 (Building, Suite, etc.)																			
CITY		STATE	ZIP CODE	COUNTRY																			
TELEPHONE NUMBER ()		FAX NUMBER ()	CEC/DUNS NO. (9 digit contractor establishment code)																				
E-MAIL ADDRESS																							
CONTACT NAME		TELEPHONE NUMBER ()	TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Financial <input type="checkbox"/> Other																				
BUSINESS STATUS (Check all appropriate blocks) <table border="0"> <tr> <td><input type="checkbox"/> 1. Small Disadvantaged Business</td> <td><input type="checkbox"/> 7. Other Nonprofit Organization</td> <td><input type="checkbox"/> 13. Federal Government - Within Bureau</td> </tr> <tr> <td><input type="checkbox"/> 2. Other Small Business</td> <td><input type="checkbox"/> 8. State/Local Government Education</td> <td><input type="checkbox"/> 14. Foreign Contractor</td> </tr> <tr> <td><input type="checkbox"/> 3. Large Business</td> <td><input type="checkbox"/> 9. State/Local Government Hospital</td> <td><input type="checkbox"/> 15. Domestic Contractor</td> </tr> <tr> <td><input type="checkbox"/> 4. Sheltered Workshop</td> <td><input type="checkbox"/> 10. Other State/Local Government</td> <td><input type="checkbox"/> 16. Woman Owned Business</td> </tr> <tr> <td><input type="checkbox"/> 5. Nonprofit Educational Organization</td> <td><input type="checkbox"/> 11. Federal Government - Non Dept.</td> <td><input type="checkbox"/> 17. Minority Owned Business</td> </tr> <tr> <td><input type="checkbox"/> 6. Nonprofit Hospital</td> <td><input type="checkbox"/> 12. Federal Government - Within Dept.</td> <td><input type="checkbox"/> 18. Emerging Small Business</td> </tr> </table>						<input type="checkbox"/> 1. Small Disadvantaged Business	<input type="checkbox"/> 7. Other Nonprofit Organization	<input type="checkbox"/> 13. Federal Government - Within Bureau	<input type="checkbox"/> 2. Other Small Business	<input type="checkbox"/> 8. State/Local Government Education	<input type="checkbox"/> 14. Foreign Contractor	<input type="checkbox"/> 3. Large Business	<input type="checkbox"/> 9. State/Local Government Hospital	<input type="checkbox"/> 15. Domestic Contractor	<input type="checkbox"/> 4. Sheltered Workshop	<input type="checkbox"/> 10. Other State/Local Government	<input type="checkbox"/> 16. Woman Owned Business	<input type="checkbox"/> 5. Nonprofit Educational Organization	<input type="checkbox"/> 11. Federal Government - Non Dept.	<input type="checkbox"/> 17. Minority Owned Business	<input type="checkbox"/> 6. Nonprofit Hospital	<input type="checkbox"/> 12. Federal Government - Within Dept.	<input type="checkbox"/> 18. Emerging Small Business
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ACH FINANCIAL INSTITUTION INFORMATION (See Verso)

FINANCIAL INSTITUTION NAME		ROUTING TRANSMIT NUMBER	
ACCOUNT NUMBER		TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
CITY	STATE	ZIP CODE	
ACCOUNT TITLE (if different from vendor name)			

CERTIFICATION OF SURVEY DATA

I understand that the Library will make payments by ACH and have provided ACH financial institution information.		
NAME	TITLE/POSITION	TELEPHONE NUMBER ()
SIGNATURE		DATE

FOR LIBRARY OF CONGRESS USE ONLY

C&L: INPUT BY	DATE	DATE ROUTED TO FSD	VIA <input type="checkbox"/> Mail - FSD/AD (9112) <input type="checkbox"/> Fax - x74261	
FSD/AD: V TYPE	ISSUE IRS FORM 1099 <input type="checkbox"/> Yes <input type="checkbox"/> No	INPUT BY	DATE	REVIEWED BY DATE

FOR LICENSING DIVISION USE ONLY

LEGAL NAME (AS ON STATEMENT OF ACCOUNT)	ID#	PERIOD	TYPE
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ACH ACCOUNT INFORMATION

ROUTING TRANSIT NUMBER (financial institution 9-digit transit number)

ACCOUNT NUMBER (account number at financial institution)

ACCOUNT TITLE (the vendor/employee/consultant's name on the account at the financial institution)

FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

3
ACCOUNT TITLE

NAME OF VENDOR/EMPLOYEE/CONSULTANT
STREET ADDRESS
CITY, STATE, ZIP CODE

PAY TO THE ORDER OF: _____ \$ _____
DOLLARS

4 NAME OF BANK
5 Payable Through Another Bank

For _____

1 **ROUTING NUMBER**
1
021001082

2 **ACCOUNT NUMBER**
2
123 456 789

CHECK NUMBER
0101

101

19

1. ROUTING TRANSIT NUMBER -

Here you would put your bank's RTN for ACH, in this example, 021001082. No spaces or other punctuation are required by the Library.

2. ACCOUNT NUMBER - Here you would put your account number, in this example, 123456789. No spaces or other punctuation are required by the Library.

3. ACCOUNT TITLE - Must include vendor/employee/consultant's name.

4. FINANCIAL INSTITUTION NAME

5. If check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for ACH processing.