

**PAYMENT INFORMATION UPDATE
ACH VENDOR PAYMENT SYSTEM**

This form is used for the ACH payments with an addendum record that carries payment-related information. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PAPERWORK REDUCTION ACT STATEMENT

The information being collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

MEDICAL PROVIDER INFORMATION

OWCP Provider ID

Name

Address

Contact Person Name

Telephone Number

AGENCY INFORMATION

Name: U.S. Department of Labor-Office of Workers' Compensation Program

Address: c/o Conduent - Pharmacy Bill Processing, DCMWC

P. O. Box 8309, London, KY 40742-8309

Contact Person Name:

Fax To: 1-800-309-6180; Customer Service: 1-866-664-5581

FINANCIAL INSTITUTION INFORMATION

Name

Street Address

City

State

Zip Code

ACH Coordinator Name

Telephone Number

Nine-Digit Routing Transit Number

Depositor Account Title

Depositor Account Number

Type of Account

Checking

Savings

Signature and Title of Representative:

Telephone Number

Payment Information Form Instructions (SF Form 3881)

ACH Vendor Payment System

Section 1: Medical Provider Information

Print or type the 9-digit OWCP provider number, the practice name and address.

Print or type the name and telephone number of the provider's point of contact.

NOTE: If this is a new enrollment, a provider number is not required.

Section 2: Agency Information

Federal agency information is pre-populated

Section 3: Financial Institution Information

Print or type the Financial Institution's name and address.

Print or type the Financial Institution ACH Coordinator's name and telephone number.

Print or type the nine-digit routing transit number.

Print or type the Depositor's Account Title.

Print or type the Depositor's Account Number.

Indicate the Type of Account; Checking or Savings.

Provide a representative's signature, title, and telephone number. The representative could be from the provider's practice or the Financial Institution. Typed or stamped signatures are not acceptable.