

(FTA)
FOR ECHO PAYMENTS ONLY

FTA PAYMENT INFORMATION FORM - ACH PAYMENT SYSTEM
--

ECHO Control Number (ECN) _____ (For initial ECHO setup agency will assign ECN Number)

Initial Setup Info Change Grantee Information Change

Information from this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. Treasury uses this to transmit payment data by electronic means to a company's or a grantee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Treasury ACH Payment System.
Note: See back for instructions on completing this form.

GRANTEE/COMPANY INFORMATION	
NAME:	
ADDRESS:	
	TIN:
CITY/STATE/ZIP:	TELEPHONE NUMBER: ()
CONTACT PERSON NAME:	
SIGNATURE OF AUTHORIZED OFFICIAL: _____	FAX NUMBER: ()
DATE: / /	

AGENCY INFORMATION	
NAME: Department of Transportation, <i>Federal Transit Administration</i>	
ADDRESS: 1200 New Jersey Ave, SE, East Building 5 th Fl, E54, TBP 50, Washington, DC 20590	
CONTACT PERSON NAME: Edith McLamore-Shelton	(202) 366-9748
FINANCIAL INSTITUTION INFORMATION (Note: Have Your Bank Complete This Section)	
NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:
NINE DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITORS ACCOUNT NUMBER:	
TYPE OF ACCOUNT: CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/>	
SIGNATURE AND TITLE OF REPRESENTATIVE:	DATE: / /
	FAX NUMBER: ()