

EXHIBIT I

PAYMENT INFORMATION FORM - ECHO ACH PAYMENT SYSTEM

ECHO Control Number (ECN) _____ (For initial ECHO Setup Agency will assign an ECN, for non ECHO payments enter "N/A").

Initial Setup Bank 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 next page for instructions on completing this form.**

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

AGENCY INFORMATION	
NAME: <i>Federal Transit Administration</i>	
ADDRESS: <i>400 7th Street SW, Room 9424, TBP-23, Washington, DC 205909</i>	
CONTACT PERSON NAME: <i>Edith McLamore-Shelton</i>	<i>(202) 366-9748</i>

FINANCIAL INSTITUTION INFORMATION		
<i>(Note: Have Your Bank Complete This Section)</i>		
NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
CONTACT PERSON NAME:		TELEPHONE NUMBER: ()
NINE DIGIT ROUTING TRANSIT NUMBER: _____		
DEPOSITOR ACCOUNT TITLE:		
DEPOSITOR'S ACCOUNT NUMBER:		
TYPE OF ACCOUNT: CHECKING _____		SAVING _____
SIGNATURE AND TITLE OF REPRESENTATIVE:		DATE: / / /
		FAX NUMBER: ()

**Instructions for Completing
Payment Information Form:**

1. Fill in your ECHO Control Number (ECN) if applicable. If this is an **Initial ECHO Setup**, Agency will assign ECHO Control Number.
2. Check appropriate box(es):
 - a. Initial Setup.
 - b. Change in Bank Information.
 - c. Change in Grantee Information.
3. Fill out information in the appropriate section(s) listed below:
 - a. **Grantee/Company Information Section** - Print or type the name of the grantee/company and address that will receive ECHO/ACH payments. Also include a contact person's name, date, and telephone and fax numbers. **Be sure to include the Tax Identification Number (TIN)**. Failure to do so or an incorrect TIN may delay or prevent the receipt of payments through the Treasury ACH payment system.
 - b. **Financial Institution Information Section** - Have your bank fill out this section. They should print or type the name and address of the financial institution that will receive the ECHO/ACH payment. Also included are the ACH coordinator's name, telephone number, nine-digit routing transit number (ABA #), depositor (grantee) account title, depositor (grantee) account number, and type of account (type can **ONLY** be designated as **Checking** or **Saving**), signature and title of bank representative, date and fax number.
4. Mail the form to the name and address shown in the **Agency Information Section**. This section also includes a contact person's name and telephone number.
5. If there are any questions, please call **(202) 366-9748** and ask for the agency ACH contact.