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| Form 3881-A (May 2017) | Department of the Treasury - Internal Revenue Service ACH Vendor/Miscellaneous Payment Enrollment - HCTC | OMB Number 1510-0056 |
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(See Instructions on Page 2)

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Direct Deposit Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

1. Agency Information

Federal program agency

| | | |
|-------------------|----------------------------|---|
| Agency identifier | Agency Location Code (ALC) | ACH format <i>(check one)</i> <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX |
|-------------------|----------------------------|---|

Address

| | | |
|---------------------|------------------|------------|
| Contact person name | Telephone number | FAX number |
|---------------------|------------------|------------|

2. Payee/Company Information New Annual renewal

| | |
|------|---------------------------|
| Name | SSN or Taxpayer ID number |
|------|---------------------------|

Address

| | | |
|---------------------|-----------------------|------------------|
| Contact person name | Contact email address | Telephone number |
|---------------------|-----------------------|------------------|

| | |
|--------------------------------------|------------------|
| Health Plan Provider <i>(if any)</i> | Telephone number |
|--------------------------------------|------------------|

3. Financial Institution Information

Name

Address *(optional)*

| | |
|--|------------------|
| Contact at financial institution <i>(optional)</i> | Telephone number |
|--|------------------|

| | | |
|-----------------------------------|--------------------------|---|
| Nine-digit routing transit number | Depositor account number | Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> General ledger |
|-----------------------------------|--------------------------|---|

| | | |
|----------------------------------|------------------------------|------------------|
| Signature of authorized official | Title of authorized official | Telephone number |
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Privacy Act Statement and Paperwork Reduction Act Notice

PRIVACY ACT STATEMENT. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions 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 required information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

PAPERWORK REDUCTION ACT NOTICE. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code section 6103. The estimated average time to complete this form is 15 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we will be happy to hear from you. You can write to the Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Instructions for Form 3881-A, ACH Vendor/Miscellaneous Payment Enrollment - HCTC

Internal Revenue Service to establish Automated Clearing House (ACH) payments, also referred to as Electronic Funds Transfers (EFTs).

1. Agency Information Section – Contains the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency and the ACH format.

2. Payee/Company Information Section – Print or type the name of the payee/Health Plan Administrator (HPA) and address that will manage ACH vendor/miscellaneous payments, social security or taxpayer ID number (may also be referred to as the employer identification number), contact person and telephone number of the payee/company. Payee also verifies depositor account number and type of account entered by your financial institution in the Financial Institution Information Section. If necessary, print or type the name of any third party health care company used by the HPA.

3. Financial Institution Information Section – Print or type the name and address of the payee/company's financial institution that will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account number and type of account. Signature, title, and telephone number of the appropriate financial institution official is included.

Note: *If the designated Payee/Company contact person knows all of the requested bank information, the Payee/Company contact may complete the Financial Institution Information Section. There is no requirement for a bank official signature.*

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave., NW, Washington, DC 20224 or the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.