



555 Wright Way
 Carson City, NV 89711
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas area (702) 486-4DMV (4368)
 Rural Nevada or Out of State (877) 368-7828
www.dmvnv.com

ACH VENDOR / MISCELLANEOUS PAYMENT ENROLLMENT FORM

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

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 the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

TAXPAYER / BUSINESS INFORMATION

Taxpayer or Business Name:	
Taxpayer Identification Number (TIN):	ACH Format: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
Address:	
Contact Person Name:	Telephone Number: ()
Additional Information:	

PAYEE / COMPANY INFORMATION

Name: Nevada Department Of Motor Vehicles	SSN No. Or Taxpayer ID No. 88 - 6000022
Address: 555 Wright Way	
Carson City, NV. 89711	
Contact Person: DMV Revenue Supervisor	Telephone Number: (775) 684 - 4507

FINANCIAL INSTITUTION INFORMATION

Name: Bank Of America	
Address: P.O. Box 20000	
Reno, NV, 89520	
CSA Coordinator Name: Senior Sales Support Associate	Telephone Number: (775) 688 - 8747
Nine Digit Routing Transit Number: <u> 1 2 2 4 0 0 7 2 4 </u>	
Depositor Account Title: State of Nevada – Treasurer's Office	
Depositor Account Number: 000380032300	Lockbox Number:
Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Lockbox	
Signature and Title of Authorized Official:	Telephone Number: ()