

Commonwealth of Pennsylvania
Pennsylvania Emergency Management Agency
Pennsylvania Electronic Payment Program (PEPP) Authorization Form - Loans

ACTION REQUESTED: (check one) Initial Authorization** Change** Stop

**** INITIAL AUTHORIZATION or CHANGE** – Borrower must submit a VOIDED check or a letter from the bank.****

Borrower Information: Enter your Tax Identification Number in the appropriate box.
For Individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number

____ - ____ - _____

OR

Employer Identification Number

____ - _____

SAP Business Partner Number:

SAP Loan Number:

Name (as per your W-9): _____

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Contact Name: _____ Title: _____ Email: _____

Financial Institution Information:

Bank Name: _____

Bank Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

ACH Coordinator: _____ Title: _____ Phone #: _____

Account Type: (check one) Checking Savings

Bank Transit Routing Number

____ - _____

Bank Account Number – Start at left, leave unused spaces blank

____ - _____

If the **CHANGE BOX** was checked at the top of this form please complete the following:

Old Bank Transit Routing Number to be deleted

____ - _____

Old Bank Account Number to be deleted

____ - _____

Authorization: I/we for the Borrower identified above, authorize the Pennsylvania Department of Transportation or its agent (hereafter referred to as "Creditor") to initiate credit and/or debit entries, and any adjustments for any credit entries in error, to Borrower's account identified as and held at the Financial Institution named above. I/we authorize that such account exists and that the Financial Institution is capable of accepting such entries initiated by Creditor without responsibility for correctness of such amounts. I/we have verified Borrower's account number and the Financial Institution's routing number to Creditor.

This authorization will remain in effect until Borrower gives written notice to terminate this authorization to Creditor at least sixty (60) days prior to actual termination. In addition, either Creditor or the Financial Institution can terminate this agreement by providing Borrower with its written notice.

Pursuant to 18 Pa.C.S. § 4904, I certify under penalty that I am authorized to provide the above information and that to the best of my knowledge the information is true and correct as of the date signed on this form. I am responsible for updating and maintaining my information regularly, in writing, via this form.

Authorized Signature: _____

Printed Name & Title: _____ Date: _____

Authorized Trustee Signature (If Applicable): _____

Printed Name & Title: _____ Date: _____

INSTRUCTIONS FOR COMPLETING PEPP AUTHORIZATION FORM - LOANS

General instructions: Please type or print clearly and complete all fields. The authorized signature must be the authorized signature for the referenced bank account; not the referenced loan. If the project has a Trustee Account and the Trustee is responsible for the referenced bank account, the Trustee must co-sign this form. This requirement may not be applicable. Trustee should indicate compliance by signature or N/A should be entered for not applicable. **Borrowers must maintain a separate ACH authorization for each individual loan with the Commonwealth of Pennsylvania [Commonwealth].** Only one bank account per loan is permitted. Please inform your financial institution that you will be having ACH transactions posted to the above account. Any questions about filling out the form should be directed to your lending agency. Completed authorization forms should be submitted to your lending agency.

Borrower Information	Instructions
Social Security Number/ Employer Identification Number	Enter Social Security Number if doing business as a sole proprietor or your tax payer ID number, the 9 digit number reported on the W-9 form.
SAP Business Partner Number	If known at the time you are completing this form, enter the SAP Loan Business Partner Number provided to you by your lending agency. Each borrower will have one SAP Business Partner Number that is to be used for all Commonwealth loans.
SAP Loan Number	If known at the time you are completing this form, enter the SAP Loan Number provided to you by your lending agency and/or the Office of the Budget, Comptroller Operations, Loan Accounting Unit.
Name	Enter the complete name of the entity (individual, partnership, or corporation) as it appears on your federal tax forms.
Address, City, State, Zip + 4	Enter the street address or post office box, city, state and zip code of the location of the borrower.
Contact Name & Title	Enter the name and title of the person to contact with any questions related to this ACH authorization.
Phone #	Enter the telephone number including area code and extension of the contact person
Email	Enter the email address of the contact person.
Financial Institution Information	Instructions
Bank Name	Enter the name of the financial institution (bank, credit union, savings & loan, etc.) in which loan proceeds will be deposited and loan repayments will be withdrawn.
Bank Address, City, State, Zip + 4	Enter the street address or post office box, city, state and zip code of the financial institution.
ACH Coordinator Name	Enter the name of your financial institution's ACH coordinator
Title	Enter the title of your financial institution's ACH coordinator
Phone #	Enter the telephone number including area code and extension of your financial institution's ACH coordinator
Account Type	Indicate account type. Account must be designated as either checking or savings.
Routing Number	The routing number is the 9 digit Bank Identification Number located at the bottom of your check. If you are unsure, contact your financial institution.
Account Number	The account number is the company or individual's bank account number in which loan proceeds will be deposited and loan repayments will be withdrawn.
Delete Old Routing Number	The 9 digit Bank Identification Number located at the bottom of your check (old account).
Delete Old Account Number	The account number into which loan proceeds were previously deposited and loan repayments were previously withdrawn.
Signature of Authorized Official & Title	Signature and title of an individual from your entity and, if applicable, your trustee whose name and signature is on record at your financial institution as authorized to approve banking transactions.

PRIVACY ACT STATEMENT

The preceding information is provided to comply with the Privacy Act of 1974. The information collected on this form will be used by the Commonwealth to transmit payment data by electronic means to borrower's financial institution. Failure to provide the requested information may delay or prevent receipt of payment through the Automated Clearing House Payment System.