UFMS Vendor Request (ACH) Form Instructions
For State & Local Agencies Receiving Equitable Sharing

Box 1. New, Update, Deactivate?
- Enter **New** if the Agency is *new* to the DOJ Equitable Sharing Program
- Enter **Update** if the Agency has previously received DOJ Equitable Sharing payments

Box 2. Is the vendor required to register in SAM (Y/N)? Enter **N**
Box 3. If not, what is the exemption: Enter **Refund Vendor**

USDOJ Component Information

Box 4.	Date of Request:	Enter the **Date** the request will be submitted
Box 5.	Requesting Component:	Enter **U.S. Marshal Service (USMS)**
Box 6.	Component Contact:	Enter **AFD.ACHForms@usdoj.gov**
Box 7.	Office Phone No.:	Enter **(703) 740-9326**
Box 8.	Purpose of Request:	Enter **Asset Forfeiture – DOJ Equitable Sharing**
Box 9.	UFMS Security Org:	Enter **USMS**
Box 10.	Vendor Type:	Enter **State and Local (SLG)**
Box 11.	Component Justification:	Enter **N/A**
Box 12.	Payment Type:	Enter **CCD** (default)
Box 13.	Prompt Pay Type:	Enter **Non-PromptPayAct (NONPPA)**

Employee/Vendor/Payee Information

Box 14.	Vendor Name:	Enter the **name of the Agency**
Box 15.	DUNS Number+4:	Enter **N/A**
Box 16.	EIN/SSN/TIN	Enter **Tax ID Number**
Box 17.	Street Address:	Enter **current address**
Box 18.	City, State, Zip Code:	Enter **current city, state, and zip code**
Box 19.	Country:	Enter the **country** of address in Boxes 17 and 18
Box 20.	E-mail Address:	Enter **e-mail address** for the Agency identified in Box 14 *(Note: This person will receive payment notifications and should have access to the eShare Portal)*
Box 21.	Vendor Phone No.:	Enter **phone number** relative to Agency identified in Box 14
Box 22.	Fax Number:	Enter **fax number**, if available, relative to Agency identified in Box 14
Box 23.	Contact Name:	Enter the **name of the point of contact** relative to Agency identified in Box 14
Box 24.	NCIC/TPID Code:	Enter the **National Crime Information Center (NCIC/ORI)** code (9 digits)
Box 25.	Federal ALC:	Enter **N/A**

Financial Institution Information

Box 26.	Bank Name:	Enter the **name of bank** where funds are to be transferred
Box 27.	Street Address:	Enter the **address for the bank** in Box 26
Box 28.	City, State, Zip Code:	Enter the **city, state, and zip codes for the bank** in Box 26
Box 29.	Country:	Enter the **country for the bank** in Box 26
Box 30.	Bank Phone No.:	Enter the **phone number** for the bank in Box 26
Box 31.	ABA Number:	Enter the **routing number for the bank** holding the account where funds are to be transferred
Box 32.	Account Number:	Enter the **account number** where funds are to be transferred
Box 33.	Account Type:	Enter **Corporate Checking**

Submit completed ACH forms to the AFD.ACHForms@usdoj.gov mailbox only! The USMS AFD will review and edit forms as appropriate, submit forms for further processing into UFMS, and process payments according to the payment schedule.