UFMS Vendor Request Form Instructions
For Defendants, Claimants, and Petitioners

Box 1.	New, Update, Deactivate?	Enter **New**
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 - Third-party/Return of funds**
Box 9.	UFMS Security Org:	Enter **USMS**
Box 10.	Vendor Type:	Enter **Non-Vendor (NON)**
Box 11.	Component Justification:	Enter **N/A**
Box 12.	Payment Type:	Review the options below: ▪ Enter **CCD** for Corporate accounts (default) ▪ Enter **PPD** for Personal accounts ▪ Enter **Check** if requesting to be paid by check (*Note: If Check is selected, Boxes 17- 19 must contain a valid mailing address and Boxes 26 – 32 will remain blank or N/A*)
Box 13.	Prompt Pay Type:	Enter **Non-PromptPayAct (NONPPA)**

Employee/Vendor/Payee Information

Box 14.	Vendor Name:	Review the options below: ▪ If a business – Enter the **name of the business** ▪ If an individual – Enter the **Defendant/Claimant/Petitioner's name** ▪ If an attorney filling out this form on behalf of a client – Enter the **client's name**
Box 15.	DUNS Number+4:	Enter **N/A**
Box 16.	EIN/SSN/TIN	Review the options below: ▪ If a business – Enter **Tax ID Number** ▪ If an individual – Enter the **Defendant/Claimant/Petitioner's Social Security Number** ▪ If an attorney filling out this form on behalf of a client – Enter the **client's Social Security 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** relative to party identified in Box 14
Box 21.	Vendor Phone No.:	Enter **phone number** relative to party identified in Box 14
Box 22.	Fax Number:	Enter **fax number**, if available, relative to party identified in Box 14
Box 23.	Contact Name:	Enter the **name of the point of contact** relative to party identified in Box 14
Box 24.	NCIC/TPID Code:	Enter the Defendant/Claimant/Petitioner's **CATS Party ID Number**
Box 25.	Federal ALC:	Enter **N/A**

Financial Institution Information

Box 26.	Bank Name:	Enter the **name of the 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 code 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 the **account type** for the account number in Box 32 ▪ Corporate Savings ▪ Corporate Checking ▪ Personal Checking ▪ Personal Savings

Submit completed forms to AFD.ACHForms@usdoj.gov.