

Information Necessary to Enroll Recipients into the Treasury's Automated Standard Application for Payment (ASAP) System

Entity Name _____
Recipient Name

Organization Type _____
Choose One of the Following:
State Agency
Local Government
University/College
State University/College
Other Educational Organization
Non-Profit
For-Profit
Indian Tribal Organization
Financial Institution

UEI _____
Unique Entity Identifier

EIN _____
Employer Tax Identification Number

POINT OF CONTACT _____
Person responsible for identifying the officials within the organization who will be needed to complete the ASAP enrollment.

CONTACT'S ADDRESS _____

Include 5 digit zip code with 4 digit zip code extension.

CONTACT'S E-MAIL _____

CONTACT'S PHONE _____

ASAP ID NUMBER _____

Privacy Statement

Collection of the information in this form is authorized by 31 U.S.C. § 3332(g). Your entity's Unique Entity Identifier (UEI), Employer Tax Identification Number (EIN), and the other information requested will allow the federal government to process your entity's ASAP financial assistance payments. Your entity's UEI, EIN, and the other information are needed to ensure the accurate identification and retention of records pertaining to your entity and to distinguish your entity from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary, to process your entity's payments. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your entity's receipt of federal payments. Although providing the requested information is voluntary, your entity's payment cannot be processed without it. The information is needed to prove entitlement to payments and to process payment data from the Recipient to the financial institution and/or its agent.