FEDERAL COMMUNICATIONS COMMISSION
CUSTOMER INITIATED PAYMENT PROGRAM SET-UP FORM

Customer identification Program (CIP) approval not required

Location Maintenance (MP50) Complete the Payer information below.

☐ Add (complete all) ☐ Change (complete the information to be changed) ☐ Delete (complete location # only) ☐ Re-add

Payer Location Number: |___|___|___|___|___|___|___|___|___|___|_0_|_1_|

Company Number: |_0_|_1_|_1_|_2_|_4_|

Payer Location Name: _____
(Maximum 30 characters)

Payer Bank Transit Routing: |___|___|___|___|___|___|___|___|___|

Payer Account Number: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Transaction Code: ☐ **(CCDCK) Corporate Checking** ☐ **(SAV) Savings**

Output Type: ☒ **ACH**

Entry PIN: ☐ **(M) Mellon (Generate PIN number)** ☐ **(C) Company →** |___|___|___|___|___|___|
(Select a 4 -6 digit PIN number)

Consolidate by Posting TR/Acct: |_N_| **Consolidation Location Number:** |___|___|___|___|___|___|___|___|___|___|_0_|_1_|
(Enter Payer Location Number from above)

PIN Mailing Address (MP52) - Complete the Payer mailing address below. NOTE: Maximum of 30 characters for Attention and Address Lines.

Attention: _____

Address: _____

_____

_____

City: _____ **State:** _____ **Zip:** _____-_____

Location Contact Maintenance (MP56) - Complete the Payer phone information below.

General Instructions: This contact is authorized to assign and reset PINs. Enter the telephone number of the contact and enter the type of phone number under "T" as follows: W=work, H=home, B=beeper, E=emergency.

A/C/D	GEN	PIN	OTH	Contact Name (Maximum 30 characters)	Phone Number	T
A		✓			( ) -	

Authorized by: _____ **Date**____/____/____
Signature and Title of Authorizing Official

FAX COMPLETED FORM TO: TOM PUTNAM, FEDERAL COMMUNICATIONS COMMISSION 202-418-2843

EFT Administration use only: Input by _____ Date ____/____/____ Verified by _____ Date ____/____/____

J:mpsform/hardcopy/location/custom/mp01124
Revised 7/01/03