Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

# DIRECT DEPOSIT SIGN-UP FORM

#### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

•	A separate form must be co sent by Direct Deposit.	mpleted for each	type of pay	ment to be	remain qualified for paym
		SE	CTION 1	(TO BE COM	PLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)						
			E DEPOSITOR ACCOUNT NUMBER			
ADDRESS (street, route, P.O. Box, APO/FPO)						
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one)				
		Social Security Fed. Salary/N				
TELEPHONE NUMBER		Supplemental Security Income II Mil. Active				
AREA CODE						
B NAME OF PERSON(S) ENTITLED TO MENT		Civil Service Retirement (OPM) I Mil. Survivor .				
			(specify)			
		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )				
		TYPE AMOL	NT			
Prefix Suffix						
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)				
I certify that I am entitled to the payment identified abore read and understood the back of this form. In si authorize my payment to be sent to the financial institu- to be deposited to the designated account.	igning this form, I	including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.				
SIGNATURE DATE		SIGNATURE	DATE			
SIGNATURE DATE		SIGNATURE	DATE			

## **SECTION 2** (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

# **SECTION 3** (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION								
		DEPOSITOR ACCO	UNT TITLE					
FINANCIAL INSTITUTION CERTIFICATION								
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.								
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENT	ATIVE	TELEPHONE NUMBER	DATE				
Financial institutions should refer to the GREEN BOOK for further instructions.								

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

### **GOVERNMENT AGENCY COPY**