

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.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- 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.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) _____		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO) _____		E DEPOSITOR ACCOUNT NUMBER _____	
CITY _____	STATE _____	F TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER AREA CODE _____		<input type="checkbox"/> Social Security	
B NAME OF PERSON(S) ENTITLED TO PAYMENT _____		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	
C CLAIM OR PAYROLL ID NUMBER Prefix _____ Suffix _____		<input type="checkbox"/> Supplemental Security Income	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<input type="checkbox"/> Railroad Retirement	
SIGNATURE _____ DATE _____		<input type="checkbox"/> Civil Service Retirement (OPM)	
SIGNATURE _____ DATE _____		<input type="checkbox"/> Mil. Active _____	
SIGNATURE _____ DATE _____		<input type="checkbox"/> Mil. Retire. _____	
SIGNATURE _____ DATE _____		<input type="checkbox"/> Mil. Survivor _____	
SIGNATURE _____ DATE _____		<input checked="" type="checkbox"/> Other <u>AFROTC</u> (specify)	
G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)			
TYPE _____		AMOUNT _____	
JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		SIGNATURE _____ DATE _____	
SIGNATURE _____ DATE _____		SIGNATURE _____ DATE _____	

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

GOVERNMENT AGENCY NAME _____	GOVERNMENT AGENCY ADDRESS _____
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION _____		ROUTING NUMBER _____		CHECK DIGIT _____
_____		DEPOSITOR ACCOUNT 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 REPRESENTATIVE	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.