

# 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)

<b>A</b> NAME OF PAYEE <i>(last, first, middle initial)</i>		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		<b>E</b> DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
CITY	STATE	ZIP CODE	<b>F</b> TYPE OF PAYMENT <i>(Check only one)</i>																				
TELEPHONE NUMBER AREA CODE			<input type="checkbox"/> Social Security																				
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT			<input type="checkbox"/> Supplemental Security Income																				
<b>C</b> CLAIM OR PAYROLL ID NUMBER			<input type="checkbox"/> Railroad Retirement																				
Prefix	Suffix		<input type="checkbox"/> Civil Service Retirement (OPM)																				
			<input type="checkbox"/> VA Compensation or Pension																				
			<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																				
			<input type="checkbox"/> Mil. Active _____																				
			<input type="checkbox"/> Mil. Retire. _____																				
			<input type="checkbox"/> Mil. Survivor _____																				
			<input type="checkbox"/> Other _____ <i>(specify)</i>																				
		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i>																					
		TYPE	AMOUNT																				
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> <i>(optional)</i>																					
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.		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	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)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b>	<b>ROUTING NUMBER</b>	CHECK DIGIT								
	<table border="1" style="width: 100%; height: 40px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
<b>DEPOSITOR ACCOUNT TITLE</b>										
<b>FINANCIAL INSTITUTION CERTIFICATION</b>										
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.										
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b>	<b>SIGNATURE OF REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>								
		<b>DATE</b>								

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.**