

**Instructions For Completion Of The  
DIRECT DEPOSIT SIGN-UP FORM (SF 1199A)  
and the CONTACT INFORMATION FORM  
for Non-HHS Grant Recipients**

## OVERVIEW

Grant Recipients must have established, active accounts in the Payment Management System (PMS) in order to request authorized funds. The accounts are established in PMS once the completed **SF-1199A** and **Contact Information** forms have been received by DPM.

It is the responsibility of the Awarding Agency to provide the requisite **Direct Deposit Sign-Up Form (SF-1199A)** and DPM's **Contact Information Form** to the grantee for completion. It is also the Awarding Agency's responsibility to ensure the accuracy of the forms' information prior to forwarding them to DPM for processing.

### Who must complete these forms?

**SF-1199A - Section 1** is to be completed by the grant recipient. *Section 2* is to be completed by the Awarding Agency. *Section 3* is to be completed by the recipient's financial institution. More complete instructions can be found on the next page.

The recipient must complete the **Contact Information Form**. The Primary Contact on the form should be the person responsible for requesting the funds.

### How should the forms be disseminated?

The Awarding Agency should retain *copies* of the SF-1199A and Contact Information forms. The financial institution will retain its copy of the SF-1199A. Both originals must be mailed to DPM at one of the addresses below.

Include a cover memo stating that the accompanying SF-1199A form is being submitted to establish a NEW account in the Payment Management System. The memo must include the name of the organization as it appears on the SF-1199A. The memo can list more than one organization, but there can only be one organization per SF-1199A.

### What if some of the information changes?

Should any of the data on the completed SF- 1199A change, the recipient must obtain and complete a new 1199A. Blank forms are available on the DPM website at <http://www.dpm.psc.gov> and should be available at the recipient's financial institution as well.

## DIRECTIONS

- The back of the 1199A must be read carefully before signatures are made.
- All information is to be typed or printed in ink on the 1199A.
- All signatures must be original and in ink.
- Alterations such as erasures, correction fluid and strike-outs are unacceptable and will invalidate the form.
- All data elements on the 1199A must be completed unless a blank is indicated.
- This form cannot be faxed.

Send to: Division of Payment Management  
Regular Mail Only - PO Box 6021, Rockville, MD 20852.  
Express Mail Only - 11400 Rockville Pike, Suite 700, Rockville, MD 20852.

**Detailed Instruction for the Completion of the  
Direct Deposit Sign-Up Form (SF 1199A)  
For Non -HHS Grant Recipients**

*(Please Read This Carefully)*

**Section 1 (To be Completed by Payee)**

- A. Type or print your organization's name, address and telephone number. Do not enter an individual's name in this block *unless the grant was actually awarded to the individual*. Forms containing white out or any alterations to the payee name are unacceptable.
- B. Type or print your organization's name.
- C. Claim or Payroll ID Number: The form cannot be processed without this information. Enter your Federal Employer Identification Number. This is your 9-digit tax ID number, issued by the IRS.
- D. Check type of Bank Account - "Checking" or "Savings".
- E. Type the account number at your Financial Institution to which the funds will be "Direct Deposited". Do not use white out or make any alterations to the account number.
- F. Check the box "Other" and type the name of the Federal Awarding Agency.
- G. Leave blank.

Payee Account Holder's Certification: The individual(s) having signature authority for the bank account must sign and date.

**Other Required Information:** At the top right-hand corner, please type or print "DUNS" followed by your organization's DUNS (Dun And Bradstreet Number)

**Section 2 (Return completed "Awarding Agency" copy to the address below)**

Enter the name and address of the person at your agency who will receive and review the Direct Deposit Form before forwarding the form to DPM/Payment Management System.

**Section 3 (To be completed by your Financial Institution)**

The bank's representative must sign the form and provide a telephone number for contact purposes. The depositor account title must be filled in and should match the payee name in most cases. Maintain the payee(s) copy for your records. *Note: Failure to complete ALL portions of this section will result in a delay of your organization being established in PMS.*

**New Grantees: please send all material to the Awarding Agency, not the HHS/Division of Payment Management.**

# 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	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )	
AREA CODE		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed Salary/Mil. Civilian Pay
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active
CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire.
Prefix	Suffix	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor
		<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other <i>(specify)</i>
<b>C</b> PAYEE/JOINT PAYEE CERTIFICATION		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</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.		TYPE	AMOUNT
<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )		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)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
			<input type="checkbox"/>
		DEPOSITOR ACCOUNT TITLE	
<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.			
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.**

## BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

## PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

## INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury <sup>15-51</sup>/<sub>000</sub>

Month Day Year  
08 31 84

AUSTIN, TEXAS

Check No.  
0000 - 4157815

Pay to the order of  
JOHN DOE  
123 BRISTOL STREET  
HAWKINS BRANCH, TX 76543

29-693-775 00 C

28 28  
VA COMP

DOLLARS CTS  
\$100.00

**NOT NEGOTIABLE**

@000000516: 041571926

## SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

## CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

## CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

## FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.