

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 (<i>last, first, middle initial</i>) <input style="width: 100%;" type="text"/>		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) <input style="width: 100%;" type="text"/>		E DEPOSITOR ACCOUNT NUMBER <input style="width: 100%; height: 20px;" type="text"/>	
CITY <input style="width: 150px;" type="text"/> STATE <input style="width: 50px;" type="text"/> ZIP CODE <input style="width: 100px;" type="text"/>	F TYPE OF PAYMENT (<i>Check only one</i>)		
TELEPHONE NUMBER AREA CODE <input style="width: 50px;" type="text"/> <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Mil. Active _____
B NAME OF PERSON(S) ENTITLED TO PAYMENT <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Retire. _____	<input type="checkbox"/> Mil. Survivor _____
C CLAIM OR PAYROLL ID NUMBER <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _____
Prefix <input style="width: 80px;" type="text"/> Suffix <input style="width: 80px;" type="text"/>	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____ <i>(specify)</i>	
G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)		TYPE <input style="width: 150px;" type="text"/> AMOUNT <input style="width: 100px;" type="text"/>	
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.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<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 N/A	DATE	SIGNATURE N/A	DATE

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

GOVERNMENT AGENCY NAME <input style="width: 100%; height: 40px;" type="text"/>	GOVERNMENT AGENCY ADDRESS <input style="width: 100%; height: 40px;" type="text"/>
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION <input style="width: 100%; height: 40px;" type="text"/>		ROUTING NUMBER <input style="width: 100%; height: 30px;" type="text"/>		CHECK DIGIT <input style="width: 30px; height: 30px;" type="text"/>
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.		DEPOSITOR ACCOUNT TITLE <input style="width: 100%; height: 30px;" type="text"/>		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

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.