STANDARD FORM 1199A (Rev. 9/83) Prescribed by Treasury Department Treasury Dept. Cir. 1076

OMB No. 1510-0007 Expiration Date 1/31/90

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 in-stitution will verify the information in sections 1 and 2, and will com-plete Section 3. The completed form will be returned to the Govern-ment 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 informa- tion 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)

		42					
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT	CHECKING	SAVINGS			
		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/Mil. Civilian Pay					
B TELEPHONE NUMBER		☐ Supplemental Security Income	☐ Mil. Active				
B TEEFNONE NOWIDEN		☐ Railroad Retirement ☐ Mil. Retire.					
AREA CODE		Civil Service Retirement (OPM)	Mil. Survivor				
C NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ VA Compensation or Pension	Cther				
		(specify)					
CLAIM OR PAYROLL ID NUMBER	CLAIM OR PAYROLL ID NUMBER		LY (if applicable)	H 16000			
		TYPE					
		TIPE	AMOUNT				
Prefix	Suffix						
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HO	LDERS' CERTIFICATION (optional				
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	DA	TE.			
		- Available		-			
SIGNATURE	DATE	SIGNATURE	DA	E			
GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS						
SECT	ON 3 (TO BE COMPL	ETED BY FINANCIAL INSTITUTION)					
NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER CHECK						
	723 WE WE SE SE SE SE		DIGIT				
UMB, N.A.							
P.O. BOX 419226	1 0 1 0 0 6 9 5						
Kansas City, Missouri 64141-6226							
	DEPOSITOR ACCOUNT TITLE						
	71713210						
	FINANCIAL INS	TITUTION CERTIFICATION					
I confirm the identity of the above-named payee(s) and the account num payment identified above in accordance with 31 CFR Parts 240, 209, and		e of the above-named financial institution, I cer-tify that	at the financial institution agress to receive	and deposit the			
PRINT OR TYPE REPRESENTATIVE'S NAME							

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.

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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 DAVED

	SECTION 1 (10 bt	COMPLETED B	T PATEE)				
A NAME OF PAYEE (last, first, middle initial)	D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS						
ADDRESS (street, route, P.O. box, APO/FPO)		E DEPOSITOR ACC	OUNT NUMBER				
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one) Social Security Fed Salary/Mil. Civilian Pay					
B TELEPHONE NUMBER AREA CODE		Supplemental Security Income Mil. Active Railroad Retirement Mil. Retire. Civil Service Retirement (OPM) Mil. Survivor					
C NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ VA Compensation or Pension ☐ Other					
CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR A	AMOUNT				
Prefix	Suffix						
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I hav back of this form. In signing this form, I authorize my payment to be sent named below to be deposited to the designated account.		I certify that I I ACCOUNT HOLI	JOINT ACCOUNT HO nave read and understood the DERS.		하다님 하는 사람이 없어야 한 사람이 되었다.	TICETOJOINT	
SIGNATURE	DATE	SIGNATURE				ő	
SIGNATURE	DATE	SIGNATURE			DATE	B	
SECTI GOVERNMENT AGENCY NAME	ON 2 (TO BE COMPLE	GOVERNMENT AGEN	•				
SECTI	ON 3 (TO BE COMPLE	ETED BY FINANC	IAL INSTITUTION)				
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTIN	IG NUMBER			CHECK DIGIT	
UMB, N.A. P.O. BOX 419226 Kansas City, Missouri 64141-6226		1 0 1 0 0 6 9 5					
		DEPOSITOR ACCOUNT TITLE 71713210					
	FINANCIAL INST	ITUTION CERTIFICATI	ON				
I confirm the identity of the above-named payee(s) and the account numl payment identified above in accordance with 31 CFR Parts 240, 209, and		of the above-named fina	ncial institution, I cer-tify th	at the financial institution	on agress to receive an	d deposit the	
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTAT	NATURE OF REPRESENTATIVE T				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. STANDARD FORM 1199A (Rev. 9/83)
Prescribed by Treasury
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OMB No. 1510-0007 Expiration Date 1/31/90

1199-204

SIGN-UP FORM

DIRECTIONS

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	SECTION 1 (10 bt	COMPLETED B	T PATEE)				
A NAME OF PAYEE (last, first, middle initial)	D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS						
ADDRESS (street, route, P.O. box, APO/FPO)		E DEPOSITOR ACC	OUNT NUMBER				
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one) Social Security Fed Salary/Mil. Civilian Pay					
B TELEPHONE NUMBER AREA CODE		Supplemental Security Income Mil. Active Railroad Retirement Mil. Retire. Civil Service Retirement (OPM) Mil. Survivor					
C NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ VA Compensation or Pension ☐ Other					
CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR A	AMOUNT				
Prefix	Suffix						
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I hav back of this form. In signing this form, I authorize my payment to be sent named below to be deposited to the designated account.		I certify that I I ACCOUNT HOLI	JOINT ACCOUNT HO nave read and understood the DERS.		하다님 하는 사람이 없어야 한 사람이 되었다.	TICETOJOINT	
SIGNATURE	DATE	SIGNATURE				ő	
SIGNATURE	DATE	SIGNATURE			DATE	B	
SECTI GOVERNMENT AGENCY NAME	ON 2 (TO BE COMPLE	GOVERNMENT AGEN	•				
SECTI	ON 3 (TO BE COMPLE	ETED BY FINANC	IAL INSTITUTION)				
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTIN	IG NUMBER			CHECK DIGIT	
UMB, N.A. P.O. BOX 419226 Kansas City, Missouri 64141-6226							
		DEPOSITOR ACCOUNT TITLE 71713210					
	FINANCIAL INST	ITUTION CERTIFICATI	ON				
I confirm the identity of the above-named payee(s) and the account numl payment identified above in accordance with 31 CFR Parts 240, 209, and		of the above-named fina	ncial institution, I cer-tify th	at the financial institution	on agress to receive an	d deposit the	
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTAT	NATURE OF REPRESENTATIVE T				DATE	

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