

DIRECT DEPOSIT SIGN-UP FORM (AUSTRIA)

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT ANTRAG AUF DIREKTUEBERWEISUNG DER MONATLICHEN U.S. SOCIAL SECURITY RENTENZAHLUNGEN AUF EIN SCHILLING- ODER EUROKONTO

- Complete Section 1 and **“SIGN YOUR NAME.”**
- Ask your bank to complete Section 3
- Mail the completed form to the address in Section 2

SECTION 1 (TO BE COMPLETED BY PAYEE)

Name and Complete Mailing Address:	- SOCIAL SECURITY CLAIM NUMBER -									
	Name of Person Entitled to the Benefits									
THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)										
TELEPHONE NUMBER:						TYPE		AMOUNT		
<p style="text-align: center;">PAYEE CERTIFICATION</p> <p>I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.</p>						<p style="text-align: center;">JOINT ACCOUNT HOLDER'S CERTIFICATION (optional)</p> <p>I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p>				
YOUR SIGNATURE			DATE			SIGNATURE			DATE	
						This account is: <input type="checkbox"/> My own account <input type="checkbox"/> Joint account				

SECTION 2 (MAILING ADDRESS)

GOVERNMENT AGENCY NAME: SOCIAL SECURITY ADMINISTRATION	MAIL COMPLETED FORMS TO: FEDERAL BENEFITS UNIT U.S. Consulate Gartenbaupromenade 2, 4 th Floor A1010 Vienna Austria
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SECTION 3 (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION) THIS ACCOUNT MUST BE IN EUROS.

NAME OF BANK	BANK PHONE NUMBER																		
ADDRESS OF BANK																			
PRINT NAME OF BANK OFFICIAL	SIGNATURE OF BANK OFFICIAL																		
Bank Code (Bankleitzahl) and Account Number (Konto Nr.)																			