Bank Account Setup: Instructions for Completing SF 1199A Direct Deposit Sign-Up Form November 2012

<u>Sections 1 and 2</u>: Must be completed by the appropriate school official.

Section 3: Must be completed by the school's bank.

The completed form must be returned to the U.S. Department of Education accompanied by a cover letter, on school (or Payee) letterhead, which includes the following:

- Request the bank account setup
- Pavee DUNS Number
- E-mail address for the individual to receive automated notification
- Original signature and telephone number of the individual making the request DIRECT DEPOSIT SIGN-UP FORM C. Enter: DIRECT To sign up for Direct Deposit, the payee is to read the back of this form and fit 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. DIRECTIONS 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 beneficiarylamnulant award letters and other documents from the Government agency. School Name School Address D. Check: Payoes must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments. School Phone Appropriate A separate form must be completed for each type of payment to be Number account type sent by Direct Deposit. SECTION 1 (TO BE COMPLETED BY PAYEE) A NAME OF PAYEE (last, first, middle initial) D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS School Name E. Enter: School's E DEPOSITOR ACCOUNT NUMBER B. Enter: ADDRESS (street, route, P.O. Box, APO/FPO) 1 2 3 - 4 6 6 B bank account Name of School School Address F TYPE OF PAYMENT (Check only one)
 Social Security | Fed. SalanyMil. Circlian Pay
 Supplemental Security Income | Mil. Active ZIP CODE STATE number, including Official and title blanks and TELEPHONE NUMBER This should be Business Railroad Retirement Civil Service Retirement (OPM) Mil. Retire.
 Mil. Survivor AREA CODE Contact Phone Number NAME OF PERSON(S) ENTITLED TO PAYMENT dashes Officer/Chief Financial WA Compensation or Pension K Other Responsible School Official's Name and Title Officer or similar official C CLAIM OR PAYROLL ID NUMBER G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (Fapplicable) F. Check: Other DUNS Number AMOUNT PAYEE/JOINT PAYEE CERTIFICATION JOINT ACCOUNT HOLDERS' 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. A. For Prefix Enter: **Original School** SIGNATURE DATE School's DUNS Official's Signature Number SIGNATURE DATE SIGNATURE Required For Suffix Enter: SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION) P268K GOVERNMENT AGENCY NAME GOVERNMENT AGENCY ADDRESS Section 2. Enter: U.S. Department of Education 400 Maryland Ave. SW Financial Management Operations Room 4W116 • 400 Maryland Washington, DC 20202 Ave, SW Section 2. Enter: SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION) Room 4W116 NAME AND ADDRESS OF FINANCIAL INSTITUTION U.S. Department of School's Bank's Name Washington, DC Education School's Bank's Address 20202 Financial DEPOSITOR ACCOUNT TITLE Management Operations Section 3. 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 Routing Number PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER To be completed by Section 3. Entire Financial institutions should inforto the GREEN BOOK for further instructions.

 THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE. the school's bank Section: NSN 7540-01-058-0224 GOVERNMENT AGENCY COPY If Non-U.S. To be completed by bank, enter school's bank SWIFT Number If U.S. bank, enter Routing Number