Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

## **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.
- 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.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1	(TO BE COMPLETED BY PAYEE)
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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		
TELEPHONE NUMBER		Supplemental Security Income   Mil. Active     Railroad Retirement   Mil. Retire.		
AREA CODE				
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		Civil Service Retirement (OPM) Mil. Survivor		
		VA Compensation or Pension Other		
C CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )		
		TYPE AMOUNT		
Prefix Suffix				
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.		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				
SECTION 3 (TO BE COMPLET	ED BY FINANCIAL INSTITUTION)				
GSA Federal Credit Union P.O. Box 27559 Washington, DC 20038-7559	ROUTING NUMBER CHECK DIGIT   2 5 4 0 7 4 6 6 2   DEPOSITOR ACCOUNT TITLE				
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.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
GSA Federal Credit Union	GSA Federal Credit Union	1-866-820-0105	

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.