

# DIRECT DEPOSIT SIGN-UP FORM (ISRAEL)

## APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

- If your name in Section 1 does not match the name on your bank account, please add this name to your bank account.
- Complete Sections 1, 2 & 3. **\*\*SIGN YOUR NAME in Section 3.\*\***
- Ask your bank to complete Section 4. Include a **voided check** if available, to help us code your direct deposit.
- Mail the completed form to an office below.

<b>SECTION 1</b>										<b>SECTION 2</b>									
Name and Complete Mailing Address:										Name of Bank or Other Financial Institution:									
										Address of Financial Institution:									
										The type of account is: <input type="checkbox"/> Checking <input type="checkbox"/> Savings									
Social Security Claim Number – <b>IMPORTANT:</b>										The account is: <input type="checkbox"/> Only my account <input type="checkbox"/> A joint account									
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			

### SECTION 3

<b>PAYEE CERTIFICATION</b> 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.				<b>JOINT ACCOUNT HOLDER'S CERTIFICATION</b> I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE		DATE		SIGNATURE		DATE	
YOUR DAYTIME TELEPHONE NUMBER							

### SECTION 4 (Ask your bank to complete this section.) This must be a **Shekel** account.

NAME OF BANK													
ADDRESS OF BANK													
BANK PHONE NUMBER													
BANK & BRANCH CODE		BANK CODE						BRANCH CODE					
ACCOUNT NUMBER													
BANK OFFICIAL'S NAME PLEASE PRINT						SIGNATURE OF BANK OFFICIAL							
<b>Mail the completed form to one of the following:</b>													
American Embassy Federal Benefits Unit 71 Hayarkon Street Tel Aviv Israel 63903				American Consulate General Federal Benefits Unit 18 Agron Road Jerusalem Israel 94190				American Consulate General Federal Benefits Unit PO Box 290 Jerusalem Israel 91002					

## IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your bank account in Israel.

### WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent electronically through the Bank of Scotland to your financial institution in Israel, and will usually be in your Shekel account at your financial institution in Israel the day after the U.S. payment date. You can avoid waiting for your check to clear. With direct deposit you will have immediate access to your money.

### HOW INTERNATIONAL DIRECT DEPOSIT SAVES YOU MONEY

With direct deposit, you will not need to pay any check cashing fees. Your benefits will be sent **electronically** to your Shekel account in your Israeli financial institution. You will not need to pay a conversion fee to get your payment in Shekels. Your U.S. Social Security payment will be automatically converted to Shekels at a good rate the day before it is deposited into your account.

### IF YOUR ADDRESS CHANGES

If your address changes, you **must** inform the U.S. Social Security Administration because letters about your payments will still be mailed to your home address. If we cannot locate you, your payments may be stopped.

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank and the U.S. Social Security Administration. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security. As soon as we are advised of the death, if you are eligible to receive Social Security, we will determine whether your benefit amount will change and will send you any money that we owe you.

### IF YOU HAVE QUESTIONS

If you have questions, you may contact the Federal Benefits Unit at one of these addresses:

American Embassy Federal Benefits Unit 71 Hayarkon St. Tel Aviv 63903	American Consulate General Federal Benefits Unit 18 Agron Rd. Jerusalem 94190	American Consulate General Federal Benefits Unit PO Box 290 Jerusalem Israel 91002
--	--	---

### CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you **must** notify one of the offices above, or the following:

Social Security Administration Office of International Operations PO Box 17769 Baltimore, MD 21235-7769
--

You may need to fill out a new sign-up form. **Do not close your old account until payments have started coming to your new account.**

### PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Only comments relating to our time estimate should be provided, not the completed form.***