## DIRECT DEPOSIT SIGN-UP FORM (UNITED KINGDOM) APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY

## MONTHLY BENEFITS BY DIRECT DEPOSIT

- Complete Section 1 and "SIGN YOUR NAME."
- Ask your bank to complete Section 3.
- Mail form back using 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				
		T. 110 T 01/10 T				
	THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)					
TELEPHONE NUMBER:	TYPE		AMOUNT			
PAYEE CERTIFICATION  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.		JOINT ACCOUNT HOLDER'S CERTIFICATION (optional) I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.				
YOUR SIGNATURE	DATE	SIGNATURE			DATE	
	This account is:  My own account  A joint account					
SECTION 2 (MAILING ADDRESS)						
GOVERNMENT AGENCY NAME:  SOCIAL SECURITY ADMINISTRATION		MAIL COMPLETED FORMS TO: U.S. EMBASSY FEDERAL BENEFITS UNIT 24 GROSVENOR SQUARE LONDON W1A 2LQ UNITED KINDON				
SECTION 3	THIS ACCOUNT	D BY YOUR FIN		ISTITUTIO	N)	
NAME OF BANK	BANK PHONE NUMBER					
ADDRESS OF BANK						
PRINT NAME OF BANK OFFICIAL	SIGNATURE OF BANK OFFICIAL					
TYPE OF ACCOUNT	CHECKING SAVINGS					
Bank Sorting Code Number	Account Number					