

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

### SECTION 1 (TO BE COMPLETED BY PAYEE)

|                                                                                                                                                                                                                                                                      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )                                                                                                                                                                                                        |        | <b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |
| ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )                                                                                                                                                                                                                  |        | <b>E</b> DEPOSITOR ACCOUNT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| CITY                                                                                                                                                                                                                                                                 | STATE  | ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| TELEPHONE NUMBER<br>AREA CODE                                                                                                                                                                                                                                        |        | <b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| <b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT                                                                                                                                                                                                                       |        | <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay<br><input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____<br><input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____<br><input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____<br><input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____<br><span style="float: right;"><i>(specify)</i></span> |        |
| <b>C</b> CLAIM OR PAYROLL ID NUMBER                                                                                                                                                                                                                                  |        | <b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| Prefix                                                                                                                                                                                                                                                               | Suffix | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AMOUNT |
| <b>PAYEE/JOINT PAYEE CERTIFICATION</b>                                                                                                                                                                                                                               |        | <b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |
| 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 COMPLETED BY FINANCIAL INSTITUTION)

|                                                                                                                                                                                                                                                                                                         |                             |                                                                                                                                                                                              |      |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION                                                                                                                                                                                                                                                               |                             | ROUTING NUMBER                                                                                                                                                                               |      | CHECK<br>DIGIT       |
|                                                                                                                                                                                                                                                                                                         |                             | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |      | <input type="text"/> |
|                                                                                                                                                                                                                                                                                                         |                             | DEPOSITOR ACCOUNT TITLE                                                                                                                                                                      |      |                      |
| <b>FINANCIAL INSTITUTION CERTIFICATION</b>                                                                                                                                                                                                                                                              |                             |                                                                                                                                                                                              |      |                      |
| 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 |                      |

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.**