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

DIRECT DEPOSIT SIGN-UP FORM

OMB No. 1510-0007

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.

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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)

A NAME OF DAYER (look finet recipille initial)		,	
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		Salary/Mil. Civilian Pay
TELEPHONE NUMBER			ActiveRetire.
AREA CODE			Survivor
B NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ VA Compensation or Pension ☐ Othe	
		With Compensation of Fension	(specify)
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYM	MENT ONLY (if applicable)
		TYPE	AMOUNT
Prefix Suffix			
PAYEE/JOINT PAYEE CERTIFICATION	ON	JOINT ACCOUNT HOLDERS' CER	TIFICATION (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 understo including the SPECIAL NOTICE TO JOIN	od the back of this form, NT ACCOUNT HOLDERS.
SIGNATURE	DATE	SIGNATURE	
SIGNATURE	DATE		
-			

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A NAME OF PATEE (last, first, finade finital)		D TYPE OF DEPOSITOR ACCOUNT CHECKI	NG 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			
TELEPHONE NUMBER		Supplemental Security Income Mil. Active _			
AREA CODE		Railroad Retirement Mil. Retire.			
B NAME OF PERSON(S) ENTITLED TO PAYMENT	Г	Civil Service Retirement (OPM) Mil. Survivor			
. ,		☐ VA Compensation or Pension ☐ Other	(specify)		
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ON			
C CL IIII CKT /KTKOLL IB NOMBLK		TYPE AMOUNT	, , , ,		
Des for		AWOO	*1		
Prefix Suffix					
PAYEE/JOINT PAYEE CERTIFICAT	ION	JOINT ACCOUNT HOLDERS' CERTIFICATI	ON (optional)		
I certify that I am entitled to the payment identified ab read and understood the back of this form. In authorize my payment to be sent to the financial institute to be deposited to the designated account.	signing this form, I tution named below	I certify that I have read and understood the bincluding the SPECIAL NOTICE TO JOINT ACCO	OUNT HOLDERS.		
SIGNATURE	DATE	SIGNATURE	DATE		
SIGNATURE	DATE	SIGNATURE	DATE		
SECTION 2 (TO BE C	OMPLETED BY	PAYEE OR FINANCIAL INSTITUTION)			
GOVERNMENT AGENCY NAME		GOVERNMENT AGENCY ADDRESS			
SECTION 3 (TC) BE COMPLETE	ED BY FINANCIAL INSTITUTION)			
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK		
TO MILE THE TREE TEST OF THE WORLD INCOME	•		DIGIT		
		DEPOSITOR ACCOUNT TITLE			
F	INANCIAL INSTITUT	TION CERTIFICATION			
		ber and title. As representative of the above-named fit syment identified above in accordance with 31 CFR P			
PRINT OR TYPE REPRESENTATIVE'S NAME	IGNATURE OF REP	RESENTATIVE			