

## 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.

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

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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)

<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		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																	
TELEPHONE NUMBER 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"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension																	
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other _____ ( <i>specify</i> )																	
Prefix Suffix		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )																	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		TYPE AMOUNT																	
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.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> ) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																	
SIGNATURE	DATE	SIGNATURE																	
SIGNATURE	DATE																		

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