DIRECT DEPOSIT
For Federal Benefit Payments

Sign-Up Form

TEST Standard Form 1199A
(August 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

OMB No. 1510-0007

Or call ***Go Direct***℠ at 1 (800) 333-1795 to sign up today.*

DIRECTIONS

Please refer to the information on the reverse side before completing this form. You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments. Check the Government Listings Section of your local telephone directory for the nearest office.

* If you elect to enroll by phone, the ***Go Direct*** toll-free number may only be used for social security, railroad retirement or Office of Personnel Management payments. You may also contact each agency individually at the toll-free number below. For veterans benefits and all other types of federal payments, you must enroll directly through your paying agency either by phone or completing and mailing this form.

***Department of Veterans Affairs**
(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

Social Security Administration
(800) 772-1213
(800) 325-0778 TTY

Railroad Retirement Board
(Automated System)
(800) 808-0772
(312) 751-4701 TTY

Office of Personnel Management
(888) 767-6738
(800) 878-5707 TDD

A. FEDERAL BENEFIT RECIPIENT INFORMATION

NAME OF FEDERAL BENEFIT RECIPIENT

REPRESENTATIVE PAYEE? Yes ☐ (if yes, enter name at right) No ☐ | NAME OF LEGAL REPRESENTATIVE

ADDRESS *(street, route, P.O. box, apartment number)*

CITY *(or APO/FPO)* | STATE | ZIP CODE

TELEPHONE NUMBER

( ) _____ - _____

SOCIAL SECURITY OR CLAIM NUMBER
(under which the current federal benefit payment is received)

_____ – _____ – _____

B. TYPE OF PAYMENT *(check only one)*

☐ SOCIAL SECURITY

☐ SUPPLEMENTAL SECURITY INCOME

RAILROAD RETIREMENT
(specify below)
Annuity benefit ☐ Unemployment survivor benefit ☐

CIVIL SERVICE (OPM) RETIREMENT
(specify below)
Retirement annuity ☐ Survivor annuity ☐

MILITARY (*specify below*)
Active ☐ Retired ☐ Survivor ☐

☐ FEDERAL SALARY

☐ VA COMPENSATION OR PENSION

☐ OTHER (*specify*) _____

(Military, Federal Salary, VA and "Other" not available through *Go Direct*)

☐ ALLOTMENT (*if applicable*) (*type*)_____
(*amount*)_____

C. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE *(name[s] on account)*

ACCOUNT TYPE
Checking ☐ Savings ☐

** 9-DIGIT ROUTING NUMBER
(see sample check on reverse side)
253175889

** ACCOUNT NUMBER *(see sample check on reverse side)*

** You may also attach a voided personal check.

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.

SIGNATURE | DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE | DATE

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

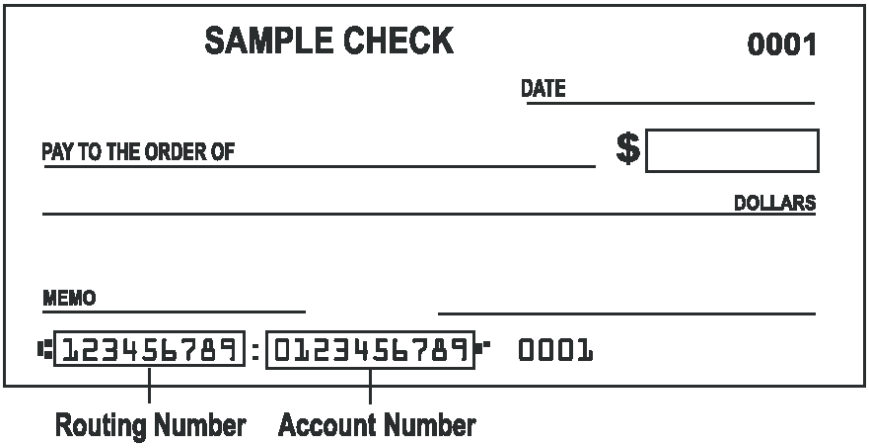
SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the payment recipient.

Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.



(NOTE: If you are initiating direct deposit to a savings account you may need to contact your bank for the correct routing and account numbers.)

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.