Standard Form 1199A (Rev. February 2020) Prescribed by Treasury Department Treasury Dept. Cir. 1076

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 $\stackrel{\cdot}{\text{mail}}$ 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. **SECTION 1** (TO BE COMPLETED BY PAYEE)
- 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.

OMB No. 1530-0006

• 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.

Α	NAME OF PAYEE (last, first, middle initial)			TYPE OF	DEPOSITOR A	CCOUNT	CHECKI	NG	SAVINGS		
	ADDRESS (street, route, P.O. Box, APO/FPO)		Е	DEPOSIT	OR ACCOUNT	NUMBER					
	· · · · · · · · · · · · · · · · · · ·										
	CITY STATE	ZIP CODE	F	TYPE OF Social Sec	PAYMENT (Che	eck only one) Fed. Salary/Mil.	Civili	an Pav		
	TELEPHONE NUMBER		Ш	Suppleme	ntal Security Incom	ne 📙	Mil. Active	Civili	airr ay		
	AREA CODE		ΙД	Railroad R	etirement ce Retirement (OP	M) =	Mil. Retire. Mil. Survivor				
В	NAME OF PERSON(S) ENTITLED TO PAYMENT				nsation or Pension	· ·	Other	(specify)			
С	CLAIM OR PAYROLL ID NUMBER		G	THIS BO	X FOR ALLOTM	IFNT OF F	•	•			
•			_	TYPE			AMOUN		pprication		
	Prefix Suffix										
PAYEE/JOINT PAYEE CERTIFICATION				JOINT ACCOUNT HOLDERS' CERTIFICATION							
rea my	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.						
SIG	NATURE	DATE	SIGNATURE				DATE				
SIG	NATURE	DATE	SIGNATURE				DATE				
	SECTION 2 (TO BE	COMPLETED BY	PA	YEE OR	FINANCIAL	INSTIT	JTION)				
GOVERNMENT AGENCY NAME			GOVERNMENT AGENCY ADDRESS								
	SECTION 3 (7	O BE COMPLETE	ĐĐ	S Y FINA	NGIAL-INSTI	TUTION	')-				
NAME AND ADDRESS OF FINANCIAL INSTITUTION				ROU					CHECK DIGIT		
				DEPOSITOR ACCOUNT TITLE							
		-FINANCIAL-INSTITU	FION	EERTIFI	CATION						
	nfirm the identity of the above-named payee(s) at the financial institution agrees to receive and de										
PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRE			SENTATIVE			TELEPHONE NUMBER			DATE		

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

PRIVACY ACT NOTICE

Collection of the information in this Direct Deposit Sign-Up Form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the Federal Government to process your direct deposit. 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 and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.

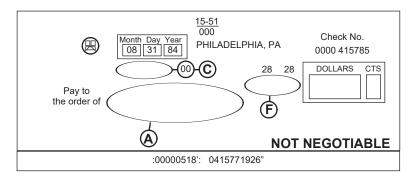
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/ or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- A Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- F Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will contact the paying agency with updated financial information. It is recommended that the payee maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.