

Standard Form 1199A
 (Rev. June 1987)
 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 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.

CHOOSE ONE:

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) DOE, JOHN A.		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO) 100 Main St. Apt. # 3		E DEPOSITOR ACCOUNT NUMBER 1 2 3 4	
CITY Anytown	STATE MA	ZIP CODE 01000-0000	
TELEPHONE NUMBER AREA CODE (555) 123-4567		F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other ARRG FTA (specify)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT Same As Block A		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
C CLAIM NUMBER SSN: 000-00-0000		TYPE LEAVE BLANK	AMOUNT LEAVE BLANK
PAYEE/JOINT PAYEE CERTIFICATION 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.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE SIGN HERE	DATE dd/mm/yy	SIGNATURE LEAVE BLANK	DATE
SIGNATURE LEAVE BLANK	DATE	SIGNATURE LEAVE BLANK	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME LEAVE BLANK	GOVERNMENT AGENCY ADDRESS LEAVE BLANK
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION Anytown Bank 10 Elm Street Anytown, MA 01000-0000		ROUTING NUMBER 1 2 3 4 5 6 7 8 9		CHECK DIGIT 9
DEPOSITOR ACCOUNT TITLE LEAVE BLANK		FINANCIAL INSTITUTION CERTIFICATION 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 NOTE: If this account is set-up for direct deposit, no	SIGNATURE OF REPRESENTATIVE signature needed here.	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.