Standard Form 1199A (EG)

(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.

OMB No. 1510-0007

• 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 PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS													
		E D	EPOSIT	OR A	CCOU	NT NL	JMBER	₹							
ADDRESS (street, route, P.O. Box, APO/FPO)															
CITY STATE ZIP CODE			F TYPE OF PAYMENT (Check only one) ☐ Social Security ☐ Fed. Salary/Mil. Civilian Pay ☐ Supplemental Security Income ☐ Mil. Active												
TELEPHONE NUMBER		Supplemental Security Income Mil. Active Mil. Retire. Mil. Retire.													
AREA CODE		Civil Service Retirement (OPM)													
B NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ VA Compensation or Pension ☐ Other													
											ecify)				
C CLAIM OR PAYROLL ID NUMBER			HIS BOX	FOR	ALLO	TMEN	IT OF F				appli	cable))		
		TYPE							AMOU	NT					
Prefix Suffix															
PAYEE/JOINT PAYEE CERTIFICATION			JOINT ACCOUNT HOLDERS' CERTIFICATION (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.		l d ind	certify th cluding th	at I h e SP	nave re ECIAL	ad ai NOTI	nd und CE TO	derstood JOINT	d the I	back o	of this HOLE	fori ERS	m, S.		
SIGNATURE	DATE	SIGN	ATURE							DA	TE				
SIGNATURE	DATE	SIGNATURE							DA	DATE					
SECTION 2 (TO BE C	OMPLETED BY							UTION	V)						
GOVERNMENT AGENCY NAME		GOV	ERNMEN	IT AG	SENCY	ADD	RESS								
SECTION 3 (TC	BE COMPLETE	D BY	FINAN	ICIA	L INS	TITU	ΙΤΙΟΝ	<i>I</i>)							
NAME AND ADDRESS OF FINANCIAL INSTITUTION					NUMB			<i></i>				CHE			
			DEPO	SITC	OR ACC	COUN	T TITL	E.							
FINANCIAL INSTITUTION CERTIFICATION															
I confirm the identity of the above-named payee(s) a certify that the financial institution agrees to receive 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME S	IGNATURE OF REP	RESE	NTATIVE	TELEPHO					IUMBE	DATE					

Financial institutions should refer to the GREEN BOOK for further instructions.

1199-207

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DIRECT DEPOSIT SIGN-UP FORM **DIRECTIONS**

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OMB No. 1510-0007

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SECTION 1 (TO BE COMPLETED BY PAYEE)

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	F TYPE OF PAYMENT (Check only one) Social Security Fed. Salary/Mil. Civilian Pay												
TELEPHONE NUMBER		Supplemental Security Income Mil. Active												
AREA CODE		Railroad Retirement Mil. Retire.												
B NAME OF PERSON(S) ENTITLED TO PAYMER	IT .	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 ONLY (if applicable)												
		TYPE AMOUNT												
Prefix Suffix														
	TION!													
PAYEE/JOINT PAYEE CERTIFICA	TION	JOINT ACCOUNT HOLDERS' CERTIFICATION (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.		including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.												
SIGNATURE	DATE	SIGNATURE DATE												
SIGNATURE	DATE	SIGNATURE DATE												
SECTION 2 (TO BE GOVERNMENT AGENCY NAME	COMPLETED BY	PAYEE OR FINANCIAL INSTITUTION) GOVERNMENT AGENCY ADDRESS												
		D BY FINANCIAL INSTITUTION)												
NAME AND ADDRESS OF FINANCIAL INSTITUTION	N	ROUTING NUMBER CHECK												
		DIGIT												
		DEPOSITOR ACCOUNT TITLE												
	FINANCIAL INSTITUT	ION 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	SIGNATURE OF REP	RESENTATIVE TELEPHONE NUMBER DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.

1199-207

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

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DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

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SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS								/INGS					
		Ε	DEP	OSITO	R AC	COU	NT N	IUMBI	ER						
ADDRESS (street, route, P.O. Box, APO/FPO)															
CITY STATE	ZIP CODE	[Soci	E OF F	rity		-		□ F	ed. S	alary/N				
TELEPHONE NUMBER		☐ Supplemental Security Income ☐ Mil. Active													
AREA CODE		Civil Service Retirement (OPM) Mil. Survivor													
B NAME OF PERSON(S) ENTITLED TO PAYMENT				Comper					_						
													pecif		
C CLAIM OR PAYROLL ID NUMBER		G	THIS	BOX	FOR	ALLO	TME	NT O	F PA	YME	NT O	NLY (if app	olicab	le)
		TY	PE							Π.	AMOL	JNT			
Prefix Suffix															
PAYEE/JOINT PAYEE CERTIFICAT	ON		J	JOINT	ACC	OUNT	HOL	DER	S' CI	ERTI	FICAT	TION (optio	nal)	
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.			l cert includ	tify tha ding the	t I h e SPE	ave re ECIAL	ead a	and u	ınder TO J	rstood OINT	d the ACC	back OUNT	of th HOL	nis fo _DEF	orm, RS.
SIGNATURE	DATE	SIGNATURE							D.	DATE					
SIGNATURE	DATE	SIC	GNAT	URE								D,	ATE		
SECTION 2 (TO BE C	OMPLETED BY	PA`	YEE	OR F	INA	NCIA	A <i>L 11</i>	VSTI	TUT	TIOI	v)				
GOVERNMENT AGENCY NAME		GC	VER	NMEN	T AG	ENCY	ADI	DRES	S						
SECTION 3 (TO	BE COMPLETE	D E	BY F	INAN	CIAL	LINS	TIT	UTIC	ON)						
NAME AND ADDRESS OF FINANCIAL INSTITUTION				ROUT											ECK
														DI	GIT
				DEPO	SITO	R AC	COU	NT TI	TLE						
FINANCIAL INSTITUTION CERTIFICATION															
I confirm the identity of the above-named payee(s) a certify that the financial institution agrees to receive 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME S	IGNATURE OF REP	RES	SENTA	ATIVE				TELEPHONE NUMBE					DATE		

Financial institutions should refer to the GREEN BOOK for further instructions.

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 estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

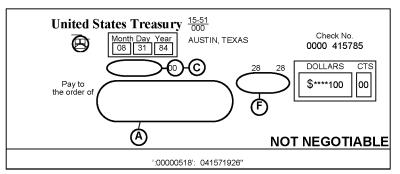
PLEASE READ THIS CAREFULLY

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:

- 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 complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition 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.