Standard Form 1199A (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

DREG DEPOSIT SIGN-UP FORM

OMB No. 1510-0007 Expiration Date 1/31/93

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read page 2 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 page 2 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.

SECTION 1 (TO BE COMPLETED BY PAYEE)

350	TION I TO BE CO	DIMPLETED BY PAYEE)
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER
ADDICES (Street, Toute, 1.0. Box, AFOFFO)		
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 PAYMENT		Civil Service Retirement (OPM)
		□ VA Compensation or Pension □ Other
C CLAIM OR PAYROLL ID NUMBER		(specify)
-		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)
Prefix	Suffix	TYPE AMOUNT
		, The state of the
PAYEE/JOINT PAYEE CERTIFICATION		
I certify that I am entitled to the payment identified above, and that I have read and understood page 2 of this form. In signing this form, I		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)
authorize my payment to be sent to the financial institution named		I certify that I have read and understood page 2 of this form including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
below to be deposited to the designated accou	ınt.	I including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE	DATE	SIGNATURE DATE
SIGNATURE	DATE	SIGNATORE
SIGNATURE	DATE	SIGNATURE DATE
SIGNATURE	DATE	SIGNATURE
SECTION 2 (TO BE COMPLETED BY A GOVERNMENT AGENCY NAME		PAYEE OR FINANCIAL INSTITUTION) GOVERNMENT AGENCY ADDRESS
SECTION 3 (7	O BE COMPLETE	D BY FINANCIAL INSTITUTION)
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER CHECK
		DIGIT
		DEPOSITOR ACCOUNT TITLE
		SELOGITOR MODELLI MEE
FINANCIAL INSTITUTION CERTIFICATION		
I confirm the identity of the above-named payed certify that the financial institution agrees to rece	e(s) and the account numive and deposit the payme	ber and title. As representative of the above-named financial institution, entidentified above in accordance with 31 CFR Parts 240, 209, and 210.
PRINT OR TYPE REPRESENTATIVE'S NAME SIGN	ATURE OF REPRESENTATIV	/E TELEPHONE NUMBER DATE
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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.