

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.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE <i>(last, first, middle initial)</i> DOE, JOHN, L.			D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i> 123 MAIN STREET			E DEPOSITOR ACCOUNT NUMBER 1 2 3 4 5 6	
CITY ANYTOWN	STATE XX	ZIP CODE 00000-0000	F TYPE OF PAYMENT <i>(Check only one)</i> <input type="checkbox"/> Social Security <input checked="" 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 type="checkbox"/> Other _____ <i>(specify)</i>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT JOHN L. DOE			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i>	
C CLAIM OR PAYROLL ID NUMBER SSN 111-11-1111 Prefix Suffix			TYPE	AMOUNT net check
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 <i>(optional)</i> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE X		DATE 01-03-97	SIGNATURE	DATE
SIGNATURE		DATE	SIGNATURE	DATE

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

GOVERNMENT AGENCY NAME U.S. HOUSE OF REPRESENTATIVES	GOVERNMENT AGENCY ADDRESS Office of Finance Washington, DC 20515-6604
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION YOUR BANK	ROUTING NUMBER 4 4 4 4 4 4 4 4 4	CHECK DIGIT 4	
	DEPOSITOR ACCOUNT TITLE JOHN L. DOE		
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 X	SIGNATURE OF REPRESENTATIVE X	TELEPHONE NUMBER X	DATE X

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.