

# 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)

<b>A NAME OF PAYEE</b> ( <i>last, first, middle initial</i> ) NAME OF YOUR ORGANIZATION ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> ) ADDRESS OF YOUR ORGANIZATION CITY STATE ZIP CODE		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <b>E DEPOSITOR ACCOUNT NUMBER</b> (NO MARK THROUGHS PLEASE)					
TELEPHONE NUMBER AREA CODE + DIRECT LINE <b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> 11-DIGIT GRANT AGREEMENT/CONTRACT NUMBER		<b>F TYPE OF PAYMENT</b> ( <i>Check only one</i> ) <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 _____ <span style="float: right;"><i>(specify)</i></span>					
<b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix _____ Suffix _____ EIN NUMBER _____		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> ( <i>if applicable</i> ) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">TYPE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		TYPE	AMOUNT		
TYPE	AMOUNT						
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> 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.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <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 PLEASE SIGN CLEARLY SIGNATURE		SIGNATURE SIGNATURE					
DATE		DATE					

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

<b>GOVERNMENT AGENCY NAME</b> DOL - EMPLOYMENT AND TRAINING ADMINISTRATION	<b>GOVERNMENT AGENCY ADDRESS</b> 200 CONSTITUTION AVENUE NW ROOM N-4702 WASHINGTON, DC 20210
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> YOUR BANK WILL COMPLETE THIS SECTION		<b>ROUTING NUMBER</b> (NO MARK THROUGHS PLEASE)	<b>CHECK DIGIT</b> <input type="checkbox"/>
<b>FINANCIAL INSTITUTION CERTIFICATION</b> 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.		<b>DEPOSITOR ACCOUNT TITLE</b>	
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	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.**