

## 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> (last, first, middle initial)<br><br><b>ADDRESS</b> (street, route, P.O. Box, APO/FPO)<br><br><b>CITY</b> <b>STATE</b> <b>ZIP CODE</b><br><br><b>TELEPHONE NUMBER</b><br><b>AREA CODE</b>                                                                                               |                                                        | <b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                          |                                                        |                                                       |                                      |                                              |                                       |                                                         |                                        |                                                     |                                      |  |  |  |  |  |
| <b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b>                                                                                                                                                                                                                                                                 |                                                        | <b>E DEPOSITOR ACCOUNT NUMBER</b><br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                          |                                                        |                                                       |                                      |                                              |                                       |                                                         |                                        |                                                     |                                      |  |  |  |  |  |
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| <b>C CLAIM OR PAYROLL ID NUMBER</b><br><br><b>Prefix</b> <b>Suffix</b>                                                                                                                                                                                                                                         |                                                        | <b>F TYPE OF PAYMENT</b> (Check only one)<br><table border="0"><tr><td><input type="checkbox"/> Social Security</td><td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td></tr><tr><td><input type="checkbox"/> Supplemental Security Income</td><td><input type="checkbox"/> Mil. Active</td></tr><tr><td><input type="checkbox"/> Railroad Retirement</td><td><input type="checkbox"/> Mil. Retire.</td></tr><tr><td><input type="checkbox"/> Civil Service Retirement (OPM)</td><td><input type="checkbox"/> Mil. Survivor</td></tr><tr><td><input type="checkbox"/> VA Compensation or Pension</td><td><input type="checkbox"/> Other _____</td></tr></table> <i>(specify)</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 type="checkbox"/> Other _____ |  |  |  |  |  |
| <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 type="checkbox"/> Other _____                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                          |                                                        |                                                       |                                      |                                              |                                       |                                                         |                                        |                                                     |                                      |  |  |  |  |  |
| <b>PAYEE/JOINT PAYEE CERTIFICATION</b><br>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>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> (if applicable)<br><table border="1"><tr><td><b>TYPE</b></td><td><b>AMOUNT</b></td></tr><tr><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | <b>TYPE</b>                              | <b>AMOUNT</b>                                          |                                                       |                                      |                                              |                                       |                                                         |                                        |                                                     |                                      |  |  |  |  |  |
| <b>TYPE</b>                                                                                                                                                                                                                                                                                                    | <b>AMOUNT</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                          |                                                        |                                                       |                                      |                                              |                                       |                                                         |                                        |                                                     |                                      |  |  |  |  |  |
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| <b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> (optional)<br>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.                                                                                                                              |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                          |                                                        |                                                       |                                      |                                              |                                       |                                                         |                                        |                                                     |                                      |  |  |  |  |  |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                               | <b>DATE</b>                                            | <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE</b> |                                          |                                                        |                                                       |                                      |                                              |                                       |                                                         |                                        |                                                     |                                      |  |  |  |  |  |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                               | <b>DATE</b>                                            | <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DATE</b> |                                          |                                                        |                                                       |                                      |                                              |                                       |                                                         |                                        |                                                     |                                      |  |  |  |  |  |

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

|                                                                                |                                                                                            |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>GOVERNMENT AGENCY NAME</b><br>Internal Revenue Service-Grant Program Office | <b>GOVERNMENT AGENCY ADDRESS</b><br>401 W Peachtree St NW, Stop 420-D<br>Atlanta, GA 30308 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

|                                                  |                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |                                                                        |  |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|------------------------------------------------------------------------|--|
| <b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> | <b>ROUTING NUMBER</b><br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  | <b>CHECK<br/>DIGIT</b><br><table border="1"><tr><td></td></tr></table> |  |
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|                                                  |                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |                                                                        |  |
| <b>DEPOSITOR ACCOUNT TITLE</b>                   |                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |                                                                        |  |

# Direct Deposit Sign Up Form

**Hongru Du**

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the name bar.

## **Direct Deposit Sign Up Form:**

Direct Deposit Sign-Up Form, Standard Form 1199A United States Government Printing Office,1984-08-01      Federal Register ,2013-05      **Green Book 2000** ,2000 A resource for financial institutions processing federal payments and collections specifically those processed through the Automated Clearing House ACH      The Green Book ,1985

**AmeriCorps\*Vista Source** ,1997      *The Train Dispatcher* ,1991      The Costs and Benefits of Participation in the Treasury's Direct Deposit Program: The cost difference between receiving a social security check and a direct deposit payment ,1981      **Independent Banker** ,1990      *The Costs and Benefits of Participations in the Treasury's Direct Deposit Program* ,1981      The Costs and Benefits of Participations in the Treasury's Direct Deposit Program: Summary of the study ,1981      Federal Personnel Guide, 2005 Edition Sandra M. Harris,2005 The FEDERAL PERSONNEL GUIDE is the Oemployee handbookO for the Federal Government For 27 years it has helped civilian Federal and postal employees cope with the maze of regulations that affect their careers and retirement The GUIDE provides plain English explanations and includes directories of agencies and key personnel If you work for Uncle Sam the GUIDE is a career essential

*Proceedings of the Regular Grand Lodge Convention* Brotherhood of Maintenance of Way Employees,1994      **American Jurisprudence Legal Forms** ,1971      **2000 Federal Personnel Guide** ,2000      **American Printer and Bookmaker** ,1917      **Journal of the House of Representatives of the ... General Assembly of the State of Ohio** Ohio. General Assembly. House of Representatives,1991      *West's Federal Administrative Practice* ,2002      **Family Handbook** Iowa State University Parents Association,2001      American Federation of State, County and Municipal Employees, Council 31 V. Illinois Labor Relations Board ,2004      **QuickBooks 99** Kathy Ivens,1999 The only official Intuit endorsed guide to today s 1 small business accounting software Fully explains how to use QuickBooks to set up streamlined easy to manage systems for accounts payable receivable payroll cash tracking inventory budgeting general ledger year end reporting more Unlike the competition covers QuickBooks Pro which offers multi user functionality time tracking capability Includes tax saving advice practical secrets from CPA Stephen Bush

## **Direct Deposit Sign Up Form** Book Review: Unveiling the Magic of Language

In an electronic era where connections and knowledge reign supreme, the enchanting power of language has been apparent than ever. Its power to stir emotions, provoke thought, and instigate transformation is actually remarkable. This extraordinary book, aptly titled "**Direct Deposit Sign Up Form**," compiled by a highly acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound effect on our existence. Throughout this critique, we will delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

<http://www.technicalcoatingsystems.ca/data/book-search/fetch.php/cognition%20in%20practice%20mind%20mathematics%20and%20culture%20in%20everyday%20life%20learning%20in%20doing.pdf>

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