DRECT 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 (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVING	ss
NAME OF YOUR ORGANIZATION		E DEPOSITOR ACCOUNT NUMBER	
ADDRESS (street, route, P.O. Box, APO/FPO)			_
ADDRESS OF YOUR ORGANIZATION		(NO MARK THROUGHS PLEASE)	
CITY STATE	ZIP CODE	E TYPE OF PAYAGUT (Clark and	
,		F TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER		Social Security Fed Salary/Mil. Civilian Pay Supplemental Security Income Mil. Active	
AREA CODE		Railroad Retirement	
R NAME OF PERSON(S) ENTITLED TO PAYMENT		Civil Service Retirement (OPM)Mil. Survivor	
B NAME OF PERSON(S) ENTITLED TO PAYMENT 11-DIGIT GRANT AGREMENT/CONTRACT NUMBER		VA Compensation or PensionXOther	
		(specify)	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT	
	uffix EIN NUMBER _		
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.		the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	ng
SIGNATURE	DATE	SIGNATURE DATE	
PLEASE SIGN CLEARLY		JAN L	
SIGNATURE	DATE	SIGNATURE DATE	
			I
SECTION 2 (TO BE COMPLETED BY GOVERNMENT AGENCY NAME DOL - EMPLOYMENT AND TRAINING ADMINISTRATION		PAYEE OR FINANCIAL INSTITUTION) GOVERNMENT AGENCY ADDRESS 200 CONSTITUTION AVENUE NW ROOM N-4702 WASHINGTON, DC 20210	
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)			
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER CHECK	
YOUR BANK WILL COMPLETE THIS SECTION		N (NO MARK THROUGHS PLEASE)	
		DEPOSITOR ACCOUNT TITLE	j
			ı
-	FINANCIAL INSTIT	ITUTION CERTIFICATION	-1

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

SIGNATURE OF REPRESENTATIVE

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.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

PRINT OR TYPE REPRESENRATIVE'S NAME

DATE

TELEPHONE NUMBER