
**Instructions For Completion Of The
DIRECT DEPOSIT SIGN-UP FORM (SF 1199A)
for Corporation for National and Community Service**

OVERVIEW

What is the purpose of this form?

It collects the information necessary for the Payment Management System (PMS) to have Federal funds electronically deposited into the recipient's bank account.

Who must complete this form?

Sections 1 and 2 are to be completed by the recipient. Section 3 is to be completed by the recipient's financial institution.

Who must disseminate copies of this form?

The Corporation for National Service will process completed forms. After sections 1, 2 and 3 have been completed you should mail the form to the following address. Failure to send the form to this address will delay processing.

Accounting Division
Corporation for National and Community Service
1201 New York Avenue, NW, 7th Floor
Washington, DC 20525

What if some of the information changes?

Should any of the data on the completed 1199A change, the recipient must obtain a complete a new 1199A. Blank forms should be available at the recipient's financial institution.

DIRECTIONS

- & **The back of the 1199A must be read carefully before signatures are made.**
- & **All information is to be typed or printed on the 1199A, with the exception of signatures.**
- & **Alternations such as erasures, correction fluid, and strike-outs are unacceptable and will invalidate the form.**
- & **All data elements on the 1199A must be completed unless a blank is indicated.**

SECTION I

A. NAME OF PAYEE, ADDRESS, etc. Type or print your name, address, area code and telephone number.

B. NAME OF PERSON(S) ENTITLED TO
PAYMENT Type your name.

C. CLAIM OR PAYROLL ID NUMBER . This is your Social Security Number.

D. TYPE OF DEPOSITOR ACCOUNT Check the appropriate account type.

E. DEPOSITOR ACCOUNT NUMBER Type or print the account number at your financial institution into which
CNS will authorize the U.S. Treasury to "direct deposit" funds.

F. TYPE OF PAYMENT Check the box marked "Other," and type or print "Subsistence Allowance".

G. ALLOTMENT OF PAYMENT Leave this portion blank.

PAYEE/JOINT PAYEE CERTIFICATION Enter your signature and affix date.

JOINT ACCOUNT HOLDERS'
CERTIFICATION Leave this portion blank.

SECTION II

GOVERNMENT AGENCY NAME Completed for your benefit

GOVERNMENT AGENCY ADDRESS Completed for your benefit

SECTION III

All portions To be completed by your financial institution's representative.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury ¹⁵⁻⁵¹/₁₀₀₀
AUSTIN, TEXAS
Check No. 0000 - 4157815
Month Day Year
08 31 84
Pay to the order of
29-693-775-00 C
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543
28 28
VA COMP
DOLLARS CTS
\$ ****100**00
NOT NEGOTIABLE
@000000516: 041571926

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.