



Sign-Up Form for the Direct Express® Card for Benefit Payments

DIRECTIONS Please read the information on page 2 before completing this form.

You must complete ALL REQUIRED information in boxes A and B.

Only complete this form to sign up for the Direct Express® card if you are an individual who receives benefit payments.

A. FEDERAL BENEFIT RECIPIENT INFORMATION *(print name[s] and addresses exactly as they appear on your benefit check)*

NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS **REQUIRED**

FIRST _____ MI _____

LAST _____ SUFFIX _____

ADDRESS: STREET 1 **REQUIRED**

STREET 2

CITY **REQUIRED** STATE **REQUIRED** ZIP CODE **REQUIRED**

_____ - _____

BIRTH DATE (MM - DD - YY) **REQUIRED** DAYTIME TELEPHONE NUMBER **REQUIRED** E-MAIL

_____ - _____ - _____ _____ - _____ - _____

B. If you are receiving multiple forms of benefit payment (i.e. retirement benefits and an annuity or former spouse benefit) you MUST complete one form for each benefit type.

<input type="checkbox"/> RETIREE SOCIAL SECURITY NUMBER _____ - _____ - _____	<input type="checkbox"/> ANNUITANT SOCIAL SECURITY NUMBER _____ - _____ - _____ SOCIAL SECURITY NUMBER OF DECEASED RETIREE _____ - _____ - _____	<input type="checkbox"/> FORMER SPOUSE SOCIAL SECURITY NUMBER _____ - _____ - _____ SOCIAL SECURITY NUMBER OF RETIREE _____ - _____ - _____
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If your name or address as it appears on your benefit check is incorrect, please complete the section below with the correct information as it should appear on your Direct Express® Card

FIRST _____ MI _____

LAST _____ SUFFIX _____

ADDRESS: STREET 1

STREET 2

CITY STATE ZIP CODE

_____ - _____ - _____

C. CERTIFICATION

I certify that the above information is true, accurate, and complete. I authorize the U.S. Department of the Treasury or its fiscal agent to share the information contained in this document with Treasury's financial agent and the Direct Express® card issuer, Comerica Bank (or its contractors), for the purpose of establishing a Direct Express® card account to be used for the receipt of my benefit payments. I understand that Comerica Bank issues the Direct Express® card and that the card is subject to the terms, conditions and fees as described at www.USDirectExpress.com. I authorize the Federal agency that pays my benefits to credit all of my payments to my Direct Express® card account after it is established. I understand that the Direct Express® card will be mailed to me once my personal information and eligibility to receive benefits have been confirmed.

(See page 2 for cancellation information.)

SIGNATURE **REQUIRED** DATE **REQUIRED**

D. FOR OFFICIAL USE ONLY

	CARD	ROUTING NUMBER	DAN
RETIRED MILITARY PAY	_____	_____	_____
ANNUITANT PAY	_____	_____	_____
FORMER SPOUSE PAY	_____	_____	_____

Return the completed form to:
U.S Treasury
Electronic Payment Solution Center
P.O. Box 650527
Dallas, TX 75265-0527

FOR ASSISTANCE WITH ENROLLMENTS, PLEASE CALL (877) 597-3055