

# Direct Deposit Authorization for Retired and Annuitant Pay

FOR PROCESSING FEDERAL NET PAYMENTS  
(Refer to page 2 prior to completing the form.)

## SECTION I - RECIPIENT INFORMATION

1. NAME (Last, First, Middle Initial)			2. SOCIAL SECURITY NUMBER (SSN)	
3. CORRESPONDENCE ADDRESS				
a. STREET ADDRESS			b. CITY	
c. STATE/PROVINCE	d. ZIP CODE/POSTAL CODE	e. COUNTRY		
4. RETIREE'S SOCIAL SECURITY NUMBER (SSN)			5. CONTACT PHONE NUMBER	
6. TYPE OF PAYMENT (Select One) <input type="checkbox"/> RETIRED PAY <input type="checkbox"/> ANNUITY PAY <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> CRSC <input type="checkbox"/> ARREARS <input type="checkbox"/> OTHER				

## SECTION II – ACCOUNT INFORMATION

7. TYPE OF ACCOUNT (Select One) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
8. ROUTING TRANSIT NUMBER			
9. ACCOUNT NUMBER			
10. ACCOUNT TITLE (ACCOUNT HOLDER'S NAME[S]) (Cannot be a 3rd party account)			
11. FINANCIAL INSTITUTION			
a. NAME			
b. STREET ADDRESS	c. CITY	d. STATE	e. ZIP CODE

## SECTION III – AUTHORIZATION

I certify that I am entitled to payment. In signing this form, I authorize my payment be sent to the financial institution named above to be deposited to the account designated. 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.

a. RECIPIENT'S SIGNATURE	e. DATE (MMDDYYYY)
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## PRIVACY ACT STATEMENT

Collection of the information you are requested to provide on this form is authorized under 31 CFR 208 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. Carefully read the instructions and Privacy Act Statement.

## INSTRUCTIONS FOR PREPARING AUTHORIZATION

**PURPOSE** - You may use this form to provide instructions for processing your net pay. 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. You must keep DFAS informed of any changes to remain qualified for payments. **You can submit your completed form to DFAS using the askDFAS online upload tool: <https://www.dfas.mil/askdfas>**

### SECTION I - RECEIPT INFORMATION

ITEM 1-5 – Complete all requested individual information.

ITEM 6 - TYPE OF PAYMENT - Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit. You may only select one type of payment per form.

### SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

ITEM 7 - TYPE OF ACCOUNT - Place an "X" in the appropriate box, to indicate if you want your payment to be sent to a checking or savings account.

ITEM 8 - ROUTING TRANSIT NUMBER - Your financial institution's 9-digit routing transit number. See the illustration below.

ITEM 9 - ACCOUNT NUMBER - Your account number at your financial institution. See the illustration below.

ITEM 10 - ACCOUNT TITLE - The depositor's name(s) on the account at the financial institution. See the illustration below.

ITEM 11 - FINANCIAL INSTITUTION NAME / ADDRESS - The institution to which payments are to be directed. See the illustration below.

The illustration shows a check with the following labels and fields:

- 10**: Points to the top left of the check, indicating the area for the depositor's name and address.
- 101**: Points to the check number in the top right corner.
- 20**: Points to the dollar amount field, which includes a box for the dollar sign and a line for the amount.
- DOLLARS**: Points to the word "DOLLARS" at the bottom right of the amount field.
- 11**: Points to the bottom left of the check, indicating the area for the bank name and address.
- 8**: Points to the routing transit number (RTN) field, which is a 9-digit number.
- 9**: Points to the account number field, which is a long line of numbers.
- CHECK NUMBER**: Points to the check number field, which is a 3-digit number.

The check also includes the following text:

- NAME OF DEPOSITOR
- STREET ADDRESS
- CITY, STATE, ZIP CODE
- PAY TO THE ORDER OF
- NAME OF YOUR BANK
- Payable Through Another Bank
- For
- ⑆99999999 9 ⑆000 0⑆00 0⑆00 ⑆0101

8 - ROUTING TRANSIT NUMBER - Examine your deposit slip or check for items labeled 9 in the above sample. Is the Routing Transit Number (RTN) eight numbers in a row followed by a space and then one number? Is the first number of the RTN "0," "1," "2," or "3"? If the answer to both questions is "yes" enter the numbers from your deposit slip or check on the reverse of this form in Item 9. Otherwise, call your financial institution and ask them to provide you with their RTN.

9 - ACCOUNT NUMBER - Include dashes where the symbol "⑆" appears on your check or deposit slip. Be sure not to include the check number (#101 in the example) or deposit slip number as part of your Account Number in Item 9. If you cannot determine your Account Number, contact your financial institution.

10 - ACCOUNT TITLE - Must include recipient's name.

11 - FINANCIAL INSTITUTION NAME / ADDRESS - If your check or share draft includes "Payable Through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit.

### SECTION III - AUTHORIZATION

ITEMS 12 AND 13 - You **must** sign and date this form before the authorization can be processed.

**FOR CHANGES** - You must complete and submit a new direct deposit authorization form. We recommend that you maintain accounts at both financial institutions until the new institution has established your direct deposit authorization.

**FOR CANCELLATIONS** - This authorization will remain in effect until you cancel by providing a written notice to the DoD Agency or by your death or legal incapacity. Upon cancellation, the receiving financial institution should be notified. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government Agency.