

International Direct Deposit Enrollment

Sign-Up Form

Directions

Please refer to the information on the reverse side before completing this form.

You must complete a separate form for each type of federal payment (social security, supplemental income, veterans benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes.

A. Person to Receive Payment

NAME: _____
Last First Middle initial

NAME OF PERSON ENTITLED TO PAYMENT:
(if different from above) _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER OR
FEDERAL TAX ID NUMBER: _____

B. Type of Payment (check only one)

- | | |
|---|---|
| <input type="checkbox"/> SOCIAL SECURITY | <input type="checkbox"/> CIVIL SERVICE RETIREMENT |
| <input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME | <input type="checkbox"/> VA COMPENSATION OR PENSION |
| <input type="checkbox"/> RAILROAD RETIREMENT | <input type="checkbox"/> MILITARY ACTIVE |
| <input type="checkbox"/> MILITARY RETIRED | <input type="checkbox"/> MILITARY ANNUITANT |
| <input type="checkbox"/> OTHER <i>(Specify)</i> _____ | |

C. Bank Information

NAME OF BANK: _____

BANK PHONE NUMBER: _____

ADDRESS: _____

COUNTRY: _____

BANK CODE: _____

BRANCH CODE: (if necessary) _____

ACCOUNT NUMBER OR IBAN _____

THIS ACCOUNT IS:

- MY OWN ACCOUNT A JOINT ACCOUNT

THIS ACCOUNT IS:

- CHECKING SAVINGS

THIS ACCOUNT IS:

- US DOLLAR ACCOUNT LOCAL CURRENCY

PRINT NAME OF BANK OFFICIAL: _____

SIGNATURE OF BANK OFFICIAL: _____

DATE: _____

D. Certification

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.

Signature _____ Date _____

E. For Joint Account Holders

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

Name *(print)* _____

Signature _____ Date _____

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by electronic funds transfer. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other federal recipients.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by electronic funds transfer. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, a federal law may require that you receive your federal payments by electronic funds transfer. If so, failure to provide any part of the requested information may delay or prevent the federal government from making payments to you.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your receiving bank and issuing agency allow a joint account with a person who receives U.S. government issued payment(s) and that person dies, you must immediately contact your bank **and** the American Embassy/Consulate in your country and/or the U.S. government agency that issued the payment. Any U.S. government payment deposited into a joint account after the death of a recipient must be returned to the agency that issued the payment.

IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. government agency that issued the payment. If the agency needs to contact you and cannot locate you, your payment may be stopped.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account number, you must notify the U.S. government agency that issues your payments.

You may need to fill out a new sign-up form. Do not close your old account until payments have started coming to your new account.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record keeper, depending on the individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Services, Facilities Management Division, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Hyattsville, MD 20782. **This address should only be used for comments and/or suggestions concerning the amount of time spent to collect the data. Do not send the completed paperwork to the address above for processing.**