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**Standard Form 1199A**  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

# DIRECT 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)**

<p><b>A</b> NAME OF PAYEE (<i>last, first, middle initial</i>)</p> <hr/> <p>ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)</p> <hr/> <p>CITY STATE ZIP CODE</p> <hr/> <p>TELEPHONE NUMBER AREA CODE</p>	<p><b>D</b> TYPE OF DEPOSITOR ACCOUNT    <input checked="" type="checkbox"/> CHECKING    <input type="checkbox"/> SAVINGS</p> <hr/> <p><b>E</b> DEPOSITOR ACCOUNT NUMBER</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> <hr/> <p><b>F</b> TYPE OF PAYMENT (<i>Check only one</i>)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Fed Salary/Mil. Civilian Pay</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Income</td> <td><input type="checkbox"/> Mil. Active _____</td> </tr> <tr> <td><input type="checkbox"/> Railroad Retirement</td> <td><input type="checkbox"/> Mil. Retire. _____</td> </tr> <tr> <td><input type="checkbox"/> Civil Service Retirement (OPM)</td> <td><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td><input type="checkbox"/> VA Compensation or Pension</td> <td><input type="checkbox"/> Other _____ <i>(specify)</i></td> </tr> </table> <hr/> <p><b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">TYPE</th> <th style="width: 30%;">AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	1	8	9	2	0	1	7	0								<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed Salary/Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _____	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire. _____	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _____	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____ <i>(specify)</i>	TYPE	AMOUNT		
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<p><b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT</p> <hr/> <p><b>C</b> CLAIM OR PAYROLL ID NUMBER</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Prefix</td> <td style="width: 40%;">Suffix</td> </tr> </table>	Prefix	Suffix	<p><b>PAYEE/JOINT PAYEE CERTIFICATION</b></p> <p>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.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">SIGNATURE</td> <td style="width: 50%;">DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	SIGNATURE	DATE			SIGNATURE	DATE																					
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<p><b>JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>)</b></p> <p>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">SIGNATURE</td> <td style="width: 50%;">DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		SIGNATURE	DATE			SIGNATURE	DATE																							
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**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

<p>NAME AND ADDRESS OF FINANCIAL INSTITUTION</p> <p style="text-align: center;">UMB BANK, N A 10TH &amp; GRAND P.O. Box 419226 KANSAS CITY, MO 64105-6226</p>	<p>ROUTING NUMBER</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;">5</td> </tr> </table> <p>CHECK DIGIT</p> <hr/> <p>DEPOSITOR ACCOUNT TITLE</p>	1	0	1	0	0	0	6	9	5
1	0	1	0	0	0	6	9	5		
<p><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> <p>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.</p>										
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE							

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

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