

SIGN-UP DIRECT DEPOSIT 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)

A NAME OF PAYEE (<i>last, first, middle initial</i>)			D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)			E DEPOSITOR ACCOUNT NUMBER		
CITY STATE ZIP CODE			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
TELEPHONE NUMBER AREA CODE			F TYPE OF PAYMENT (<i>Check only one</i>)		
B NAME OF PERSON(S) ENTITLED TO PAYMENT			<input type="checkbox"/> Social Security		
C CLAIM OR PAYROLL ID NUMBER			<input type="checkbox"/> Supplemental Security Income		
Prefix Suffix			<input type="checkbox"/> Railroad Retirement		
PAYEE/JOINT PAYEE CERTIFICATION			<input type="checkbox"/> Civil Service Retirement (OPM)		
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.			<input type="checkbox"/> VA Compensation or Pension		
SIGNATURE DATE			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)		
SIGNATURE DATE			TYPE		AMOUNT
JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>)			I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE DATE			SIGNATURE DATE		
SIGNATURE DATE			SIGNATURE DATE		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME USDA Forest Service, ASC Incident Finance - Casual Pay	GOVERNMENT AGENCY ADDRESS 101 B Sun Ave, NE Albuquerque, NM 87109
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
FINANCIAL INSTITUTION CERTIFICATION				
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.				
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.

NSN 7540-01-058-0224

1199-207

<p>BURDEN ESTIMATE STATEMENT</p> <p>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.</p>
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