

DIRECT DEPOSIT

OMB No. 1510-0007

Sign-Up Form

TEST Standard Form 1195A
(March 2005)
Prescribed by Treasury Department
Treasury Department Cr. 1076

Call 1 (800) 333-1795 to sign up by telephone.

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 security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments. Check the Government Listings Section of your local telephone directory for the nearest office.

PLEASE NOTE: In many cases, you can also sign up for Direct Deposit by telephone. Toll-free numbers are listed below:

Social Security Administration
(800) 772-1213
(800) 325-0778 TTY

Office of Personnel Management
(888) 767-6738
(800) 878-5707 TDD

Railroad Retirement Board
(Automated System)
(800) 808-0772
(312) 751-4701 TTY

Department of Veterans Affairs
(877) 838-2778
(800) 827-1000
(800) 829-4833 TDD

A. PERSON TO RECEIVE PAYMENT

NAME OF PERSON ENTITLED TO PAYMENT (last, first, middle initial)		
YOUR NAME (if different from above)		
YOUR ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
YOUR TELEPHONE NUMBER () - -		
SOCIAL SECURITY NUMBER OR CLAIM NUMBER (of person entitled to payment) - -		

C. BANK OR CREDIT UNION INFORMATION

TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
9-DIGIT ROUTING NUMBER (see sample check on reverse side)		
ACCOUNT NUMBER (see reverse side)		

B. TYPE OF PAYMENT

(check only one)

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> FED. SALARY	<input type="checkbox"/> MILITARY (specify below)
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	Active <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/>	
<input type="checkbox"/> RAILROAD RETIREMENT	<input type="checkbox"/> OTHER (specify) _____	
<input type="checkbox"/> CIVIL SERVICE RETIREMENT		
<input type="checkbox"/> VA COMPENSATION OR PENSION	<input type="checkbox"/> ALLOTMENT (if applicable) (type) _____ (amount) _____	

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

FOR JOINT ACCOUNT HOLDERS

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

SIGNATURE

DATE