

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)

| | | | |
|--|--------|--|--------|
| A NAME OF PAYEE (<i>last, first, middle initial</i>) | | D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS | |
| ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) | | E DEPOSITOR ACCOUNT NUMBER | |
| CITY | STATE | ZIP CODE | |
| 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 <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> | |
| C CLAIM OR PAYROLL ID NUMBER | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) | |
| Prefix | Suffix | TYPE | AMOUNT |
| PAYEE/JOINT PAYEE CERTIFICATION | | JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) | |
| 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. | | 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 | GOVERNMENT AGENCY ADDRESS |
|------------------------|---------------------------|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | | | | | | | | |
|---|-----------------------------|--|------|---|---|---|---|---|---|---|---|---|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION Davison Employees FCU PO Box 2358 Sulphur LA 70664 | | ROUTING NUMBER | | | | | | | | | | |
| | | <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">2</td> <td style="border: 1px solid black; padding: 5px;">6</td> <td style="border: 1px solid black; padding: 5px;">5</td> <td style="border: 1px solid black; padding: 5px;">2</td> <td style="border: 1px solid black; padding: 5px;">7</td> <td style="border: 1px solid black; padding: 5px;">4</td> <td style="border: 1px solid black; padding: 5px;">6</td> <td style="border: 1px solid black; padding: 5px;">3</td> <td style="border: 1px solid black; padding: 5px;">9</td> </tr> </table> | | 2 | 6 | 5 | 2 | 7 | 4 | 6 | 3 | 9 |
| 2 | 6 | 5 | 2 | 7 | 4 | 6 | 3 | 9 | | | | |
| | | DEPOSITOR ACCOUNT TITLE | | | | | | | | | | |
| 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.