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

## 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 final institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be return 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 DAVEE flast first middle in				
A NAME OF PAYEE (last, first, middle initial)			D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS	
			E DEPOSITOR ACCOUNT NUMBER	
ADDRESS (street, route, P.O. Box, APO/FPO)				
CITY	STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one)  ☐ Social Security ☐ Fed Salary/Mil. Civilian Pay	
TELEPHONE NUMBER			Supplemental Security Income Mil. Active	
AREA CODE			Railroad Retirement Mil. Retire.	
B NAME OF PERSON(S) ENTITLED TO PAYMENT			☐ Civil Service Retirement (OPM) ☐ Mil. Survivor	
			☐ VA Compensation or Pension ☐ Other Casual Hire	
C CLAIM OR PAYROLL ID NUMBER			<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
			TYPE AMOUNT	
Prefix Suffix				
PAYEE/JOINT PAYEE CERTIFICATION			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)	
I certify that I am entitled to the payment identified above, and			I certify that I have read and understood the back of this form, including	j the
that I have read and understood the back of this form. In signing			SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated				
account.	illed to th	c designated		
SIGNATURE		DATE	SIGNATURE DATE	
SIGNATURE		DATE	SIGNATURE DATE	
SECTION 2 / IC) DE C	'/		L OD LINIANCIAL INICITITIONI	
	OMPLE I		E OR FINANCIAL INSTITUTION)	
GOVERNMENT AGENCY NAME	<u>OMPLE I</u>	GOVE	RNMENT AGENCY ADDRESS	
GOVERNMENT AGENCY NAME USDA Forest Service, ASC	<u>OMPLE I</u>	GOVE <b>101 B</b>	RNMENT AGENCY ADDRESS Sun Ave, NE	
GOVERNMENT AGENCY NAME	OMPLET	GOVE <b>101 B</b>	RNMENT AGENCY ADDRESS	
GOVERNMENT AGENCY NAME USDA Forest Service, ASC Incident Finance – Casual Pay		GOVE 101 B Albuq	RNMENT AGENCY ADDRESS Sun Ave, NE uerque, NM 87109	
GOVERNMENT AGENCY NAME USDA Forest Service, ASC Incident Finance – Casual Pay SECT	ION 3 (TO	GOVE 101 B Albuq	RNMENT AGENCY ADDRESS Sun Ave, NE uerque, NM 87109 ETED BY FINANCIAL INSTITUTION)	:CK
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GOVERNMENT AGENCY NAME USDA Forest Service, ASC Incident Finance – Casual Pay  SECT  NAME AND ADDRESS OF FINANCIAL IN  I confirm the identity of the above-named posterity that the financial institution agrees to	FIIDN 3 (TO	GOVE 101 B Albuq  D BE COMPL  N  NANCIAL INST  and the account recount	RNMENT AGENCY ADDRESS Sun Ave, NE uerque, NM 87109  ETED BY FINANCIAL INSTITUTION)  ROUTING NUMBER  CHE DIG DIG TITUTION CERTIFICATION  number and title. As representative of the above-named financial institution, payment identified above in accordance with 31 CFR Parts 240,209, and 21	GIT , I 10.
GOVERNMENT AGENCY NAME USDA Forest Service, ASC Incident Finance – Casual Pay  SECT  NAME AND ADDRESS OF FINANCIAL IN  I confirm the identity of the above-named p	FIIDN 3 (TO	GOVE 101 B Albuq  D BE COMPL  N  NANCIAL INST  and the account recount	RNMENT AGENCY ADDRESS Sun Ave, NE uerque, NM 87109  ETED BY FINANCIAL INSTITUTION)  ROUTING NUMBER  CHE DIG DIG TITUTION CERTIFICATION  number and title. As representative of the above-named financial institution,	GIT , I 10.

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

## **BURDEN ESTIMATE STATEMENT**

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