

# 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)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )	
AREA CODE		<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 _____ <span style="float: right;"><i>(specify)</i></span>	
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )	
<b>C</b> CLAIM OR PAYROLL ID NUMBER		TYPE	
Prefix	Suffix	AMOUNT	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <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
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## SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
<b>SD Medical Federal Credit Union</b> <b>8889 Rio San Diego Drive - Suite 100</b> <b>San Diego, CA 92108</b>		3 2 2 2 8 1 4 3		9
		DEPOSITOR ACCOUNT TITLE		
<b>FINANCIAL INSTITUTION CERTIFICATION</b>				
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.

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GOVERNMENT AGENCY COPY

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