

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 (last, first, middle initial) ADDRESS (street, route, P.O. Box, APO/FPO) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																
B NAME OF PERSON(S) ENTITLED TO PAYMENT		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		F TYPE OF PAYMENT (Check only one) <table border="0"><tr><td><input type="checkbox"/> Social Security</td><td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td></tr><tr><td><input type="checkbox"/> Supplemental Security Income</td><td><input type="checkbox"/> Mil. Active</td></tr><tr><td><input type="checkbox"/> Railroad Retirement</td><td><input type="checkbox"/> Mil. Retire.</td></tr><tr><td><input type="checkbox"/> Civil Service Retirement (OPM)</td><td><input type="checkbox"/> Mil. Survivor</td></tr><tr><td><input type="checkbox"/> VA Compensation or Pension</td><td><input type="checkbox"/> Other _____ (specify)</td></tr></table>		<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 _____ (specify)					
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G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table border="1"><tr><td>TYPE</td><td>AMOUNT</td></tr><tr><td></td><td></td></tr></table>		TYPE	AMOUNT															
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PAYEE/JOINT PAYEE CERTIFICATION 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.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) 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 Internal Revenue Service-Grant Program Office	GOVERNMENT AGENCY ADDRESS 401 W Peachtree St NW, Stop 420-D Atlanta, GA 30308
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
DEPOSITOR ACCOUNT TITLE													

Direct Deposit Sign Up Form

Xiang Xie



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