

Completing the Direct Deposit Sign-up Form (SF 1199A)

Federal paychecks and travel reimbursements are issued via direct deposit.

1

Download the form from the last page of the module (Module 1 – Preparing for Your ASPR Debut Evaluation and Forms page). Enter your personal information in Section 1. In box C, enter your social security number. In box F, mark *Other* and write in *Reimbursement*. In box G, enter *N/A* for both *Type* and *Amount*.

2

Sign and date the *Payee/Joint Payee Certification*. If you have a joint account holder, they must also sign and date.

3

Leave Section 2 blank.

4

For Section 3, enter the name and address of your bank, their routing number, and the account holder for the *Depositor Account Title* box. Upload the form from the last page of the module (Module 1 – Preparing for Your ASPR Debut Evaluation and Forms page).

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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>) ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE B NAME OF PERSON(S) ENTITLED TO PAYMENT C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER _____ F TYPE OF PAYMENT (<i>Check only one</i>) <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>) G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) TYPE AMOUNT
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Figure 1: SF 1199 Section 1

<p style="text-align: center;">PAYEE/JOINT PAYEE CERTIFICATION</p> <p>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.</p>	<p style="text-align: center;">JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</p> <p>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p>		
SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____

Figure 2: SF 1199 Section 1 Signature

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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Figure 3: SF 1199 Section 2

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
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

Figure 4: SF 1199 Section 3