

FMS Form 1200 (July 2009) Previous versions obsolete

OMB No. 1510-0007

You may also sign up online today at www.GoDirect.org or call **Go Direct**[®] toll free at 1 (800) 333-1795

(for social security, railroad retirement board, civil (non-military) retirement payments or VA only).

DIRECTIONS

Please read the information on page 2 before completing this form. You must complete boxes A, B, C, D, E and F. Only complete this form to sign up for direct deposit if you are an individual, or a representative payee of an individual, who receives checks for the following types of federal benefits: social security, supplemental security income, railroad retirement, civil (non-military) retirement, or VA (compensation or pension only). If you currently receive your payment by direct deposit you may not use this form. Please refer to page 2 for further instructions.

A. FEDERAL BENEFIT RECIPIENT INFORMATION

B. BANK OR CREDIT UNION INFORMATION

(print name[s] and address exactly as they appear on your b		
NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)	DEPOSITOR ACCOUNT TITLE	(name[s] on account)
REPRESENTATIVE PAYEE? NAME OF REPRESENTATIVE PAYEE Yes //if yes, enter Iname at right) No Iname at right) Iname at right)	ACCOUNT TYPE	** 9-DIGIT ROUTING NUMBER (see sample check below)
ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO) STATE	ZIP CODE ** ACCOUNT NUMBER (see sal	mple check below; do not include check number)
DAYTIME TELEPHONE NUMBER		
()	and the sector of the sector o	ersonal check. If you are depositing into a savings account, you I institution to obtain the routing and account numbers.
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	111999087	¤ 9876554321 ¤ 0001 ∖
SAMPLE CHECK (bottom le	ft corner) ROUTING NUMBER	ACCOUNT NUMBER CHECK NUMBER
C. TYPE OF PAYMENT (check only one) You must	complete a separate form for each type of	federal payment.
SOCIAL SECURITY SUPPLEMENTAL SECURITY INCOME	VA (COMP/PENSION ONLY) RAILROAD RETIF (specify below)	REMENT CIVIL (NON-MILITARY) RETIREMENT (specify below)
For military, federal salary, veterans benefits or other federal salary, veterans benefits or other federa not available through Go Direct, please contact the paying (see page 2 for a partial list of paying agencies).	I payments Annuity Une	employment Retirement Survivor ivor benefit annuity annuity
D. IDENTIFICATION		<b>E. PAYMENT VERIFICATION</b>
	rder to process your request, <b>either</b> the claim	You must <b>also</b> enter the amount
	nber (found on documents from your paying ncy) <b>or</b> the check number from your last	You must <b>also</b> enter the amount of your last benefit payment.
CLAIM NUMBER CHECK NUMBER (YOUR MOST RECENT PAYMENT) CHECK NUMBER (YOUR MOST RECENT PAYMENT)	nber (found on documents from your paying	You must <b>also</b> enter the amount
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CLAIM NUMBER CHECK NUMBER (YOUR MOST RECENT PAYMENT) CHECK NUMBER (YOUR MOST RECENT PAYMENT) F. CERTIFICATION I certify that I am entitled to receive the payment identified above, and read and understand the back of this form. In signing this form, I auth	aber (found on documents from your paying ncy) or the check number from your last ment (found in the upper right-hand corner our Treasury check) must be entered at left. d that I have norize this	You must <b>also</b> enter the amount of your last benefit payment. AMOUNT OF YOUR MOST RECENT PAYMENT \$
CLAIM NUMBER CHECK NUMBER (YOUR MOST RECENT PAYMENT) CHECK NUMBER (YOUR MOST RECENT PAYMENT) F. CERTIFICATION I certify that I am entitled to receive the payment identified above, and	aber (found on documents from your paying ncy) or the check number from your last ment (found in the upper right-hand corner our Treasury check) must be entered at left. d that I have norize this	You must <b>also</b> enter the amount of your last benefit payment. AMOUNT OF YOUR MOST RECENT PAYMENT \$
CLAIM NUMBER CHECK NUMBER (YOUR MOST RECENT PAYMENT) CHECK NUMBER (YOUR MOST RECENT PAYMENT) F. CERTIFICATION I certify that I am entitled to receive the payment identified above, and read and understand the back of this form. In signing this form, I auth payment to be sent to the financial institution named in Part B above,	aber (found on documents from your paying ncy) or the check number from your last ment (found in the upper right-hand corner our Treasury check) must be entered at left. d that I have norize this , to be	You must <b>also</b> enter the amount of your last benefit payment. AMOUNT OF YOUR MOST RECENT PAYMENT \$
CLAIM NUMBER CHECK NUMBER (YOUR MOST RECENT PAYMENT) CHECK NUMBER (YOUR MOST RECENT PA	ber (found on documents from your paying ncy) or the check number from your last ment (found in the upper right-hand corner our Treasury check) must be entered at left. d that I have horize this to be I certify that I have read the HOLDERS on the back o	You must <b>also</b> enter the amount of your last benefit payment. AMOUNT OF YOUR MOST RECENT PAYMENT \$
CLAIM NUMBER       In or, num age, num         CHECK NUMBER (YOUR MOST RECENT PAYMENT)       Im or, num age, num         Imode the second s	ber (found on documents from your paying ncy) or the check number from your last ment (found in the upper right-hand corner our Treasury check) must be entered at left. d that I have horize this to be I certify that I have read the HOLDERS on the back on SIGNATURE	You must also enter the amount of your last benefit payment. AMOUNT OF YOUR MOST RECENT PAYMENT \$
CLAIM NUMBER       In or num age, age, age, age, age, age, age, age,	ber (found on documents from your paying ncy) or the check number from your last ment (found in the upper right-hand corner our Treasury check) must be entered at left. d that I have norize this to be I certify that I have read the HOLDERS on the back of SIGNATURE form is only to be used for switching from checks	You must also enter the amount of your last benefit payment. AMOUNT OF YOUR MOST RECENT PAYMENT \$

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by Go Direct

P.O Box 650527 Dallas, TX 75265-0527

**U.S.** Department of the Treasury

## PLEASE READ THIS CAREFULLY

#### **PRIVACY ACT NOTICE**

Your social security number and the other information requested will allow the federal government to make payments to you by direct deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your direct deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives direct deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by direct deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

#### CANCELLATION

Your payment will be sent by direct deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the person receiving the payment.

Your financial institution may cancel your direct deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the direct deposit authorization was cancelled.

#### Please contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by *Go Direct*

Department of Veterans Affairs (877) 838-2778 (800) 827-1000 (800) 829-4833 TDD

**Social Security Administration** (800) 772-1213 (800) 325-0778 TTY **Railroad Retirement Board** (Automated System) (877) 772-5772 (312) 751-4701 TTY

Office of Personnel Management (888) 767-6738 (800) 878-5707 TDD

### **BURDEN ESTIMATE STATEMENT**

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.