

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>)		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER																	
CITY STATE ZIP CODE		<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">4</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">9</td><td style="width: 20px;">0</td><td style="width: 20px;">1</td><td style="width: 20px;">5</td><td style="width: 20px;">6</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>		4	0	0	0	9	0	1	5	6	0						
4	0	0	0	9	0	1	5	6	0										
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																	
B NAME OF PERSON(S) ENTITLED TO PAYMENT NAVAJO NATION VETERANS' LOAN PROGRAM		<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>																	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																	
Prefix Suffix		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TYPE</td> <td style="width: 30%;">AMOUNT</td> </tr> <tr> <td style="text-align: center;">ALLOTMENT BI-WEEKLY</td> <td></td> </tr> </table>		TYPE	AMOUNT	ALLOTMENT BI-WEEKLY													
TYPE	AMOUNT																		
ALLOTMENT BI-WEEKLY																			
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (<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
Department of Health & Human Services Attn: Personnel / Payroll Section	

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT									
WELLS FARGO BANK (DIRECT DEPOSIT) P.O. BOX 5626 PORTLAND, OR 97228-5626		<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">1</td><td style="width: 20px;">2</td><td style="width: 20px;">2</td><td style="width: 20px;">1</td><td style="width: 20px;">0</td><td style="width: 20px;">5</td><td style="width: 20px;">2</td><td style="width: 20px;">7</td><td style="width: 20px;">8</td> </tr> </table>		1	2	2	1	0	5	2	7	8	8
1	2	2	1	0	5	2	7	8					
		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										

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.