## PLEASE COMPLETE THIS FORM AND MAKE 2 COPIES: 1 FOR YOUR RECORDS, AND 1 FOR YOUR BANK

Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

## DIRECT DEPOSIT SIGN-UP FORM

OMB No. 1510-0007

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)				
A TARME OF LATEE flast, mot findule findary		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS		
		E DEPOSITOR ACCOUNT NUMBER		
ADDRESS (street, route, P.O. Box, APO/FPO)				
CITY STATE ZIP CODE		F TYPE OF PAYMENT (Check only one)  Social Security  Fed. Salary/Mil. Civilian Pay		
TELEPHONE NUMBER		Supplemental Security Income Mil. Active Mil. Active Mil. Ratire.		
AREA CODE '		Railroad Retirement   Mil. Retire.   Mil. Retire.   Civil Service Retirement (OPM)   Mil. Survivor   Mil. Su		
B NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ VA Compensation or Pension ☐ Va Compensation ☐ Va Co		
		(specify)		
C SOCIAL SECURITY NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)		
		TYPE AMOUNT		
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)		
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 ADDRESS		
BIG SKY RX		PO BOX 202915		
		HELENA MT 59620		
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)				
NAME AND ADDRESS OF FINANCIAL INSTITUTION ROUTING NUMBER			CHECK	
(THIS MUST BE FILLED OUT BY YOUR BA		N DIGIT		
SEND IN A VOIDED CHECK, NOT A DEPOSIT SLIP)				
		DEDOCATOR ACCOUNT TITLE		
		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 SI	GNATURE OF REPI	RESENTATIVE TELEPHONE NUMBER	DATE	
Figure significations about a secretarity and a CREEN BOOK for further instructions				

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.