



**DIRECTIONS**

In this Direct Deposit sign-up form, the use of the words "Credit Union", "We", "Us" and "Our" mean the United States Senate Federal Credit Union. The Payees(s) and any Joint Payees named herein, individually and collectively, are sometimes referred to as "You" or "Your".

1. To sign up for Direct Deposit, read the back of this form and fill in the information requested in Sections 1 and 2. Then deliver this form to the Credit Union. The Credit Union will then verify the information in Sections 1 & 2 and will complete Section 3. The completed form will be returned to the Government agency identified below in Section 2.
2. A separate form must be completed for each type of payment to be sent by Direct Deposit.
3. The claim number and type of payment are printed on Government checks. This information is also stated on the beneficiary/annuitant award letters and other documents from the Government agency.
4. You 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)		D. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		E. DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	F. TYPE OF PAYMENT
TELEPHONE NUMBER		<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension	
B. NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Mil. Retire _____ <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> Other _____	
C. CLAIM OR PAYROLL ID NUMBER		G. THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
Prefix	Suffix	TYPE	AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>	
You certify that You are entitled to the payment identified above and that You have read and understand the back of this form. You authorize Your payment to be sent to the Credit Union named below to be deposited to Your designated account.		You certify that You have read and understand 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)**

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY NAME
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**SECTION 3 (TO BE COMPLETED BY THE CREDIT UNION)**

NAME AND ADDRESS OF THE CREDIT UNION		ROUTING NUMBER	CHECK NUMBER
<b>United States Senate Federal Credit Union P.O. Box 77920 Washington, D.C. 20013-8920</b>		<b>25407525</b>	<b>0</b>
FINANCIAL INSTITUTION CERTIFICATION		DEPOSITOR ACCOUNT TITLE	
We confirm the identity of the above name payee(s) and the account number and title and We agree to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE CREDIT UNION REPRESENTATIVE'S NAME	SIGNATURE OF CREDIT UNION REPRESENTATIVE	TELEPHONE NUMBER	DATE
		<b>(202) 224-2967</b>	

**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number is required under the 31 USC 3323, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the United States Senate Federal Credit Union and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/ Electronic Funds Transfer Program.

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the credit union of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by You by notice to the Government agency or by Your death or legal incapacity. Upon cancellation, You should notify the United States Senate Federal Credit Union that You are doing so.

The agreement represented by this authorization may be cancelled by the Credit Union by providing You a written notice 30 days in advance of the cancellation date. You must immediately advise the Government agency if the authorization is cancelled by the United States Senate Federal Credit Union. The United States Senate Federal Credit Union cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

Your Direct Deposit will continue to be received by the United States Senate Federal Credit Union until You notify the Government agency that You wish to change the financial institution receiving the Direct Deposit. To effect this change, You will complete a new SF 1199A at the newly selected financial institution. It is recommended that You maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives Your Direct Deposit Payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.