

(Rev. June 1987)

Prescribed by Treasury Department
Treasury Dept. Cir. 1076

DIRECT DEPOSIT SIGN-UP FORM

USNA - MIDSHIPMEN DISBURSING OFFICE

To sign up for Direct Deposit, the payee is to fill in the information requested in all sections. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1, 2, and 3. The completed form will be returned to the Government agency identified below.

The claim number and type of payment are printed on Government checks. 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.

A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT		CHECKING	SAVINGS
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER			
CITY	STATE	ZIP CODE	F TYPE OF PAYMENT		
TELEPHONE NUMBER AREA CODE		(Check only one) <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			
NAME OF PERSON(S) ENTITLED TO PAYMENT (IF OTHER)		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Mil. Survivor _____ <input checked="" type="checkbox"/> Other <u>Midshipmen Pay/Stipend</u> (specify)			
B FULL SSN		THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)			
PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)			
I certify that I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.					
C SIGNATURE	DATE	N/A			

SECTION 2

GOVERNMENT AGENCY NAME United States Naval Academy Midshipmen Disbursing Office	GOVERNMENT AGENCY ADDRESS 101 Buchanan Rd, Room 4002 Annapolis, MD 21402
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SECTION 3

NAME OF FINANCIAL INSTITUTION		ROUTING NUMBER			CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/>
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		

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

INPUT BY: _____ CONFIRMED BY: _____