

FS Form 1200 (February 2020)

OMB No. 1530-0006

You may also sign up online today at www.GoDirect.gov 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 of	• •		
NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENE	EFICIARY)	DEPOSITOR ACCOUNT TITLE (nan	ne[s] on account)
REPRESENTATIVE PAYEE? NAME OF REPRESENTATIVE PAYEE	<u> </u>	ACCOUNT TYPE	** 9-DIGIT ROUTING NUMBER (see sample check below)
ADDRESS (street, route, P.O. box, apartment number)		Checking Savings	
CITY (or APO/FPO) STATE	ZIP CODE	** ACCOUNT NUMBER (see sample	check below; do not include check number)
DAYTIME TELEPHONE NUMBER			
()		** You may also attach a voided personal check. If you are depositing into a savings account, you may need to contact your financial institution to obtain the routing and account numbers.	
(BENEFICIARY)			
	oottom left corner)	1111999087 ·	9876554321 • 0001
SAMPLE CHECK (A		ROUTING NUMBER	ACCOUNT NUMBER CHECK NUMBER
C. TYPE OF PAYMENT (check only one) Yo	u must complete a sep	parate form for each type of fed	leral payment.
SOCIAL SECURITY SUPPLEMENTAL SECURITY IN		NSION ONLY) RAILROAD RETIREM	ENT CIVIL (NON-MILITARY) RETIREMENT
For military, federal salary, veterans benefits or oth not available through Go Direct, please contact		(specify below) Annuity Duempl	(specify below)
(see page 2 for a partial list of paying a		benefit survivor	r benefit annuity annuity
D. IDENTIFICATION			E. PAYMENT VERIFICATION
	In order to process yo	our request, either the claim	You must also enter the amount
agency) or the check nu		cuments from your paying number from your last	of your last benefit payment.
CHECK NUMBER (YOUR MOST RECENT PAYMENT) payment (found in the up			AMOUNT OF YOUR MOST RECENT PAYMENT
F. CERTIFICATION			
I certify that I am entitled to receive the payment identified above, and that I have FOR JO			UNT HOLDERS
read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part B above, to be		I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT	
deposited into the account above.		HOLDERS on the back of this form.	
SIGNATURE D	ATE	SIGNATURE	DATE
Be sure to complete all sections of this form. Otherwise, the form cannot be processed.			payments to direct deposit of certain federal r purposes will result in the form being rejected.
Return the completed form to:			
	Contact your payin		

- 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 Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. 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.