Instructions For Completion Of The
DIRECT DEPOSIT SIGN-UP FORM (SF 1199A)
for Department of Health and Human Services (DHHS) Grant Recipients

OVERVIEW

What is the purpose of this form?

It collects the information necessary for the Payment Management System (PMS) to have Federal funds electronically deposited into the recipient's bank account.

Who must complete this form?

Sections 1 and 2 are to be completed by the recipient. Section 3 is to be completed by the recipient's financial institution.

Who must disseminate copies of this form?

The recipient's financial institution is responsible for disseminating copies of the three-part form in accordance with the copy designation stamped at the foot of the form.

The "Government Agency Copy" will be forwarded to the Division of Payment Management. The "Payee(s) Copy" will be forwarded to the recipient. The "Financial Institution Copy" will be kept by the recipient's financial institution.

What if some of the information changes?

Should any of the data on the completed 1199A change, the recipient must obtain a complete new 1199A. Blank forms should be available at the recipient's financial institution.

DIRECTIONS

- & **The back of the 1199A must be read carefully before signatures are made.**
- & **All information is to be typed or printed in ink on the 1199A.**
- & **All signatures must be original and in ink.**
- & **Alterations such as erasures, correction fluid and strike-outs are unacceptable and will invalidate the form.**
- & **All data elements on the 1199A must be completed unless a blank is indicated.**
- & **This form cannot be faxed.**
- & **Please attach a business card or note with the name and phone number and/or email address of a contact person.**

Send to: Division of Payment Management

Regular Mail Only - PO Box 6021, Rockville, MD 20852.
Express Mail Only - 11400 Rockville Pike, Suite 700, Rockville, MD 20852.

SECTION I

A. NAME OF PAYEE, ADDRESS, etc.	Type or print in ink your organization's name, address, and business office telephone number (including area code).
B. NAME OF PERSON(S) ENTITLED TO PAYMENT	Type or print your organization's name.
C. CLAIM OR PAYROLL ID NUMBER	Type or print _______. This is your organization's 12-digit Central Registry (CRS)/Entity Identification Number (EIN). This number is also found on your Notice of Grant Award (NGA), issued by the DHHS awarding agency.
D. TYPE OF DEPOSITOR ACCOUNT	Check the appropriate account type.
E. DEPOSITOR ACCOUNT NUMBER	Type or print the account number at your financial institution into which DHHS will authorize the U.S. Treasury to "direct deposit" funds. Alterations to this number, once established, will invalidate this form.
F. TYPE OF PAYMENT	Check the box marked "Other," and type or print "DHHS" on the blank line.
G. ALLOTMENT OF PAYMENT	Leave this portion blank.
PAYEE/JOINT PAYEE CERTIFICATION	Enter original signatures of person(s) authorized to sign checks in your organization and affix date.
JOINT ACCOUNT HOLDERS' CERTIFICATION	Enter original signatures of additional person(s) authorized to sign checks in your organization and affix date.

SECTION II

GOVERNMENT AGENCY NAME	Type or print "Division of Payment Management."
GOVERNMENT AGENCY ADDRESS	Type or print "Post Office Box 6021, Rockville, Maryland 20852."

SECTION III

All portions	To be completed by your financial institution's representative.

*** Please Note ***

The box for "Depositor Account Title" must indicate the name as it appears on your bank account (usually the organization's name). If your financial institution fails to complete this box correctly, the processing of your form will be delayed.

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

OMB No. 1510-0007

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 for 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)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY | STATE | ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER
Prefix | Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active ____
- ☐ Mil. Retire. ____
- ☐ Mil. Survivor ____
- ☐ Other ____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE	AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

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.

SIGNATURE	DATE
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

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

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER | CHECK DIGIT

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 REPRESENRATIVE'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.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 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 financial institution 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.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- Ⓐ Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- Ⓒ Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- Ⓕ Type of payment is printed to the left of the amount.

United States Treasury 15-51/000
Check No. 0000 - 4157815
Month Day Year 08 31 84
AUSTIN, TEXAS
Pay to the order of
29-693-775 00 C
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543
Ⓐ
28 28
VA COMP
Ⓕ
DOLLARS CTS
$****100*00
NOT NEGOTIABLE
⑆000000518⑆ 041571926⑈

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution 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 canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's 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.