1 Enrollment for Federal Payments

Overview

Financial Institutions can play a key role in assisting recipients of federal payments to enroll in Direct Deposit with their paying agency. This chapter is a guide to the various enrollment methods available for both consumer and corporate recipients. Institutions who choose to process their own enrollments electronically may do so through the Automated Clearing House (ACH) system. Through the use of the ENR code in the ACH system, Financial institutions expedite the processing and transfer of the enrollment information to governmental paying agencies. There are several enrollment options:

1. **Enroll customers in lobby, batch and submit ENR enrollments through ACH from the Financial Institution**

2. **Financial Institution can enroll on the *Go Direct!*® website to enter enrollments for customers**

3. **Financial Institution can call the *Go Direct* 800 number for immediate enrollment of customers**

4. **Enrollment using FMS Form 1200 for SSA/SSI, RRB, and OPM payments and Direct Deposit Sign Up Form SF 1199A for other Federal payments, or the ACH Vendor/Miscellaneous Payment Enrollment Form SF 3881 for corporate vendor payments)**

Errors in the Direct Deposit enrollment process are the primary cause of misdirected payments. Financial institutions will be held liable for providing incorrect enrollment information and should, therefore, carefully review all Direct Deposit enrollment procedures.

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A. Automated Enrollment (ENR)

Automated enrollment is a convenient method for financial institutions to use the Automated Clearing House (ACH) network to transmit Direct Deposit enrollment information directly to Federal agencies for benefit payments. An ENR entry is a non-dollar entry sent through the ACH by any Receiving Depository Financial Institution (RDFI) to a Federal government agency participating in the ENR program.

ENR is the enrollment method preferred by Federal benefit agencies. The ENR reduces errors in the enrollment process and allows Direct Deposit payments to begin sooner than paper enrollment methods.

An ENR should be used when the recipient is executing a new authorization. This may represent a first-time sign-up for Direct Deposit or a change in financial institutions. The ENR should not be used for changes to existing Direct Deposit enrollments. To change financial institution data for an existing Direct Deposit enrollment, you must use a Notification of Change (NOC). An NOC represents a correction in account information within the existing authorization. (Refer to Chapter 6 for more information on NOCs.)

Enrollments received and accepted by the paying agency at least 10 business days prior the customer's next scheduled payment date will generally allow the recipient's next month's payment by Direct Deposit.

***Note**: Please refer to your current NACHA ACH Rules for formats and instructions.*

Go Direct Online Enrollment Option for Financial Institutions

In addition to the Automated ENR option, Financial Institutions can also choose to take advantage of enrollment via the Go Direct website, *www.GoDirect.org*. The Go Direct campaign is a national campaign sponsored by the U.S. Treasury and the Federal Reserve that is aimed at increasing the use of Direct Deposit for Federal benefit check recipients. By utilizing the Go Direct website, Financial Institutions can create a secure UserID/password (profile) that will allow for repeated enrollments for customers to be completed very easily. Please review the Go Direct User Guide for Financial Institutions *(https://www.godirect.gov/SignUp/Org/UserGuide/Go%20Direct%20User%20Guide%20FI.pdf).*

Enrollments submitted through the Go Direct enrollment site will be verified and submitted to the respective paying agencies by the Go Direct Processing Center. The Go Direct Processing Center is housed and operated in a secure Federal Reserve facility. Financial Institution customers who are enrolled through the web site and successfully verified against paying agency records will receive a Confirmation Notice, by USPS, from the Go Direct Processing Center once the enrollment is ready to be transmitted to their paying agency. Financial Institution customers whose enrollments can not be verified or processed will be contacted by the Go Direct Processing Center via letter delivered by USPS.

All reject or return item processing for these items is handled by the Research Division of the Processing Center. Financial institutions electing to submit enrollments electronically through Go Direct are relieved of the obligation of processing ENR return items (refer to: Appendix - Enrollments - Return Items).

SSA Payment Cycling

Since June 1997, the payment date for newly enrolled Social Security beneficiaries is either the second, third, or fourth Wednesday of the month. These additional payment days alleviate the workload peaks for SSA, FMS, and the financial and business communities. However, in instances where the beneficiary receives both SSA and SSI payments, the payments are issued on the standard 1st and 3rd schedule.

B. Simplified Enrollment

There are a variety of ways for Federal payment recipients to enroll for Direct Deposit without visiting a financial institution.

Telephone Enrollment

As part of the U.S. Treasury sponsored Go Direct program, recipients can be enrolled by calling 1-800-333-1795 (English)/1-800-333-1792 (Spanish), or by visiting www.GoDirect.org, or by completing FMS Form 1200. The Go Direct call center hours of operation are 8:00 am - 8:00 pm ET, Monday through Friday excluding Federal holidays.

NOTICE: Benefit recipients can enroll individually by calling Go Direct at the numbers listed above.

Financial institution representatives (i.e.: new accounts, customer service, etc.) can also assist their customers (recipient's) who wish to enroll by phone. However, when doing so, the benefit recipient - or their representative - must be present when the phone call is made. Go Direct personnel will ask to speak to the recipient or their representative and obtain approval for the 3rd party banking representative to provide their enrollment information. Financial institutions that elect to capture enrollment information on paper or through other means and process after hours or in a back-office environment may not use Go Direct telephone enrollment on behalf of their customer.

Paper Form Enrollment

Recipients who elect to complete FMS paper form 1200 should complete on their own or with assistance of a Financial Institution representative (for the RTN and account number) and mail to:

GoDirect Processing Center
U.S.Department of Treasury
P.O. Box 650527
Dallas, Texas 75265-0527

The table below shows the Simplified Enrollment procedures for specific payment types.

Enrollment Methods for Specific Payments

Payment Type	Recipient
Allotments Federal Salary Federal Employment-Related Payments (i.e., Travel Reimbursement, Uniform Allowance, etc.)	Completes an approved form at his/her Federal agency personnel office (e.g., FMS Form 2231, *FastStart* Direct Deposit). Some Federal employees are able to make changes to Direct Deposit information via telephone using *Employee Express.* Recipients should contact their servicing personnel office for more information.
IRS Tax Refunds	Completes the financial institution information section of the IRS Form 1040 during tax preparation. For paper filing completes a U.S. Individual Income Tax Declaration (IRS Form 8453). For electronic filing via IRS *e-file* completes an 8453OL. Recipients should contact the IRS at **1-800-829-1040** or visit *www.irs.gov* for more details.
Railroad Retirement Board (RRB)	As part of the U.S. Treasury sponsored *Go Direct* program, Financial Institutions can enroll their customers and/or recipients can enroll individually by calling **1-800-333-1795** (English)/**1-800-333-1792** (Spanish), or by visiting *www.GoDirect.org*, or by completing FMS Form 1200. The *Go Direct* call center hours of operation are 8:00 am – 8:00 pm ET, Monday through Friday, excluding Federal Holidays. Additionally, Financial Institutions and/or recipients can contact RRB toll-free telephone number at 1-877-772-5772.
Social Security (SSA) and Supplemental Security Income (SSI)	As part of the U.S. Treasury sponsored *Go Direct* program, Financial Institutions can enroll their customers and/or recipients can enroll individually by calling **1-800-333-1795** (English)/**1-800-333-1792** (Spanish), or by visiting *www.GoDirect.org*, or by completing FMS Form 1200. The *Go Direct* call center hours of operation are 8:00 am – 8:00 pm ET, Monday through Friday, excluding Federal Holidays. Additionally, Financial Institutions and/or recipients can enroll by contacting the SSA at **1-800-SSA-1213 (1-800-772-1213).**

Simplified Enrollment Methods (continued)

Payment Type	Recipient
Office of Personnel Management (OPM) Form	As part of the U.S. Treasury sponsored *Go Direct* program, Financial Institutions can enroll their customers and/or recipients can enroll individually by calling 1-800-333-1795 (English)/**1-800-333-1792** (Spanish), or by visiting *www.GoDirect.org*, or by completing FMS 1200. The *Go Direct* call center hours of operation are 8:00 am – 8:00 pm ET, Monday through Friday, excluding Federal Holidays.
Note: OPM does not allow ENR enrollments for representative payees. more	Additionally, Financial Institutions and/or recipients can call OPM at **1 (888) 767-6738** or (202) 606-0500 in the Washington, DC area,or visit *www.opm.gov/retire* for details.
Bureau of the Public Debt *TreasuryDirect*	Enrolls automatically when he/she establishes a *TreasuryDirect* account for purchasing Treasury bills, notes, and bonds. Allows for the Direct Deposit of principal and interest payments. Investors use Form PD F 5182, New Account Request, to establish a *TreasuryDirect* account and to provide Direct Deposit information. Investors use Form PD F 5178, Transaction Request, to change Direct Deposit information. Recipients should contact a designated *TreasuryDirect* Servicing Office or visit *www.treasurydirect.gov* for forms and other information.
Veterans Compensation and Pension	Enrolls at the same time he/she applies for benefits at the VA or at any time after he/she begins receiving benefits.
Note: VA does not allow ENR enrollments for representative payees.	Recipients should contact the VA National Direct Deposit EFT line at **1 (800) 827-1000** or visit *www.vba.va.gov/ro/.muskogee* for further details.
Veterans Education (MGIB)	Enrolls at the same time he/she applies for benefits at the VA or at any time after he/she begins receiving benefits.
Note: VA does not allow ENR enrollments for representative payees.	Recipients should contact the VA National Direct Deposit EFT line at **1 (800) 827-1000** or visit *www.vba.va.gov/ro/.muskogee* for further details.

(continued next page)

Simplified Enrollment Methods (continued)

Payment Type	Recipient
Veterans Life Insurance	Enrolls at the same time he/she applies for benefits at the VA or at any time after he/she begins receiving benefits.
Note: VA does not allow ENR enrollments for representative payees.	Recipients should contact the VA Insurance office at **1 (800) 669-8477** or visit *www.insurance.va.gov* for further details.

Allotments, Federal Salary, and Federal Employment Related Payments

Recipients who are current Federal employees complete an approved form at their agency personnel office, for military members, servicing pay office. This form may be an SF 1199A or an FMS Form 2231 (*FastStart* Direct Deposit Sign Up) or a similar form used by the employee's agency. The Direct Deposit payments may be for Federal salaries, allotments, or for employment related payments for travel reimbursement or uniform allowance.

It is not necessary for the Federal employee to bring the form to the financial institution for verification of the banking information. However, some may do so if unfamiliar with the account number or the routing number.

When Should Direct Deposit Begin Once it Has Been Initiated?

Use the table below to determine when Direct Deposit should begin once the enrollment form is forwarded to the Federal agency.

IF the payment type is...	THEN Direct Deposit should begin within..
Federal salary Military civilian pay Military active duty Allotments	2-3 pay periods
Recurring benefit Military retirement/annuity	60-90 days.

Details of Each Payment Type

IRS Tax Refunds

The Internal Revenue Service (IRS) offers the Direct Deposit of IRS Form 1040 tax refunds for both paper and electronically filed returns.

For IRS Form 1040 paper returns, taxpayers receiving refunds and electing Direct Deposit simply complete the financial institution information section of the form and mail the form to the IRS.

For electronically filed returns using an authorized IRS *e-file* provider, the taxpayer will complete a U.S. Individual Income Tax Declaration for Electronic Filing (IRS Form 8453) for refunds by Direct Deposit. This form authorizes the tax preparer to transmit the return and allows the choice of having the refund deposited into a checking or savings account.

Taxpayers preparing returns on a personal computer using commercial tax preparation software or the IRS Free Online Filing and transmitting the information via modem to the IRS complete Form 8453-OL, U.S. Individual Income Tax Declaration for On-Line Filing. This form allows the taxpayer to choose Direct Deposit for the refund. The financial institution will not receive copies of these forms.

The financial institution should be aware of the following:

1. Enrollment in Direct Deposit for income tax refunds is not a permanent election by the taxpayer. Taxpayers must elect Direct Deposit each filing year.
2. Payments must be returned when they cannot be properly posted by the financial institution. NOCs cannot be used to correct any information. In the instance where a Direct Deposit IRS tax refund is unpostable and returned, taxpayers will receive a check in place of a Direct Deposit payment.
3. The financial institution's responsibility is to post the Direct Deposit payment to the account indicated on the ACH record. As long as the financial institution posts the payment to the account indicated, it has met its responsibility. If the funds are posted to a valid account that turns out to be the wrong account, the financial institution is not liable to the Government for the return of the funds. If the taxpayer or the taxpayer's agent gave the incorrect account information, neither FMS nor the IRS will assist the taxpayer with recovering the funds, and the taxpayer is free to pursue civil actions. If, however, the IRS made the error, it will make the taxpayer whole

For further information, contact the IRS at **1 (800) 829-1040**; contact the local IRS District Office; or visit *www.irs.gov*.

For IRS tax refund status, the recipient should call the IRS automated refund service at **1 (800) 829-4477**. (Recipients must supply the Social Security Number, filing status, and amount of the refund.)

Railroad Retirement Board

Financial Institutions can enroll their customers and/or recipients can enroll individually by:

1. Calling **1-800-333-1795** (English)/**1-800-333-1792** (Spanish), or by visiting *www.GoDirect.org*, or by completing **FMS Form 1200** (The call center hours of operation are 8:00 am – 8:00 pm ET, Monday through Friday, excluding Federal Holidays), or
2. Calling the Railroad Retirement Board at 1-877-772-5772.
3. Sending a written request to enroll in Direct Deposit to the local Railroad Retirement Board field office. The letter should include the recipient's name and the following:
   A. Account number,
   B. Account type (checking or savings).
   C. Routing number of the financial institution used to receive ACH items.

Social Security Administration

Financial Institutions can enroll their customers and/or recipients can enroll individually by calling **1-800-333-1795** (English)/**1-800-333-1792** (Spanish), or by visiting *www.GoDirect.org*, or by completing **FMS Form 1200**. The call center hours of operation are 8:00 am – 8:00 pm ET, Monday through Friday, excluding Federal Holidays

Additionally recipients already receiving Social Security and Supplemental Security Income benefits by check may enroll in Direct Deposit by calling the telephone number listed for Social Security in the local telephone book, or **1 (800) SSA-1213 (1-800-772-1213)**.

SSA's toll-free telephone service is available from 7:00 a.m. to 7:00 p.m. Eastern time, Monday through Friday. Due to the high volume of calls, the best times to telephone are in the early morning and during the latter parts of the week and month.

The financial institution may make the call on behalf of the recipient and may provide the enrollment information; however, SSA will request to speak to the recipient to verify his/her identity.

Office of Personnel Management

Financial Institutions can enroll their customers and/or recipients can enroll individually by calling **1-800-333-1795** (English)/**1-800-333-1792** (Spanish), or by visiting *www.GoDirect.org*, or by completing **FMS Form 1200**. The call center hours of operation are 8:00 am – 8:00 pm ET, Monday through Friday, excluding Federal Holidays.

Additionally, new retirees, annuitants, and survivor annuitants may enroll in Direct Deposit by calling the toll-free customer service number at **1 (888) 767-6738**. Those in the Washington, DC area are encouraged to call **(202) 606-050 0**. Recipients may also visit www.opm.gov/retire for instructions on how to change their payment address on-line.

NOTE: *The Office of Personnel Management do not allow ENR enrollments for representative payees,*

TreasuryDirect (Bureau of the Public Debt)

TreasuryDirect is a book-entry securities system in which investors' accounts of book-entry Treasury marketable securities are maintained. *TreasuryDirect* is designed for investors who purchase Treasury securities and intend to hold them until maturity. Investors can establish a *TreasuryDirect* account and hold all their bills, notes, and bonds in one *TreasuryDirect* account showing the same ownership for all their securities or they can establish multiple accounts reflecting different ownership. Investors will receive a *TreasuryDirect* Statement of Account when they open a new account, when the par amount changes, upon request, or if they have not received one during the calendar year.

TreasuryDirect principal and interest payments are made electronically by Direct Deposit to a checking or savings account at a financial institution designated by the investor. When establishing a *TreasuryDirect* account, investors will complete Form PD F 5182, New Account Request, and will include Direct Deposit information. Investors are not required to fill out an SF 1199A. Investors can also establish an account when they complete Form PD F 5381, Treasury Bill, Note & Bond Tender to purchase a security. Investors use Form PD F 5178, Transaction Request, to change Direct Deposit information for the *TreasuryDirect* account. Financial institutions may be asked by customers to furnish the account number, routing transit number, account type, and/or the financial institution's name. The investor should contact a designated *TreasuryDirect* Servicing Office or visit www.treasurydirect.gov for forms and other information.

Simplified Enrollment for Series H/HH Savings Bond Interest Payments (Bureau of the Public Debt)

Series H/HH savings bonds are current income securities that pay interest semiannually. Interest on bonds issued October 1989 to the present must be paid by Direct Deposit. Unless a recipient claims that it will cause a hardship, interest on bonds issued prior to October 1989 must also be paid by Direct Deposit.

To enroll in Direct Deposit or to change their enrollment, recipients may:

1. Download PD F 5396 from www.savingsbonds.gov, complete and mail the form as instructed, or
2. Send a letter to the Current Income Bond Branch, Bureau of the Public Debt, Parkersburg, WV 26106-2186. The letter should include the following:
   A. Recipient's name

B. Social security number
C. Account number
D. Account type (checking or savings)
E. Routing number of the financial institution.

Department of Veterans Affairs Direct Deposit

Veterans Compensation and Pension and Veterans Education (MGIB) recipients already receiving benefits may enroll in Direct Deposit by calling **1 (800) 827-1000**. A Direct Deposit enrollment form and further details are also available by visiting *www.vba.va.gov/ro/muskogee* or by writing to:

Department of Veterans Affairs
125 South Main Street, Suite B
Muskogee, OK 74401-7004

New recipients should provide Direct Deposit information at the time of application.

Veterans Life Insurance recipients may enroll in Direct Deposit by calling **1 (800) 669-8477**. A Direct Deposit Enrollment form and further details are also available by visiting *www.insurance.va.gov* or by writing to:

VAROIC - DD
P.O. Box 7208
Philadelphia, PA 19101-7208

New recipients should provide Direct Deposit information at the time of application.

Note: *The Department of Veterans Affairs does not allow ENR enrollments for representative payees.*

C. Paper Enrollment Methods

FMS Form 1200

The table below identifies those agencies and payment types where the FMS FORM 1200 should be used for paper enrollment:

Agency/Payment Type	Recipient
Social Security Administration • Social Security • Supplemental Security Income	Recipients should complete FMS Form 1200 and send completed forms to: Go Direct Processing Center U.S. Department of Treasury P.O. Box 650527 Dallas, TX 75265-0527

Agency/Payment Type	Recipient
Office of Personnel Management • Annuity • Retirement Annuity or Survivor Annuity	Recipients should complete FMS Form 1200 and send completed forms to: Go Direct Processing Center U.S. Department of Treasury P.O. Box 650527 Dallas, TX 75265-0527
Railroad Retirement Board • Railroad Retirement Annuity Benefit • Railroad Retirement Unemployment/Sickness	Recipients should complete FMS Form 1200 and send completed forms to: Go Direct Processing Center U.S. Department of Treasury P.O. Box 650527 Dallas, TX 75265-0527

Direct Deposit Sign-Up Form (FMS Form 1200)

How to Complete the FMS Form 1200:

Payee must complete boxes A,B,C,D,E and F.

Please clearly print all information. Provide name(s) and address exactly as they appear on the Federal benefit recipient's benefit check.

Federal Benefit Recipient Information

Name of person entitled to government benefits (beneficiary).

If there is more than one person named on the check, such as a parent and a minor child, this will be the name of the minor child.

Representative Payee? Check appropriate box Yes or No.

If yes, enter Name of Representative Payee.

A representative payee is a person or institution that is legally entitled to receive payments on behalf of a beneficiary who has been deemed incapable of handling his/her own financial affairs. The majority of benefit recipients do not have representative payees. When a representative payee is present, both names will appear on the benefit check. Minor children receiving federal benefits should always have a representative payee. An example of representative check payee is: Mary Smith for Jane R. Doe

Provide name(s) and address exactly as they appear on the most recent benefit check.

Daytime Telephone Number of the person to contact if there are questions regarding the enrollment information provided on the form.

Social Security number of person entitled to government benefits (beneficiary).

If the benefits are for a minor child this will be the child's SSN. ***This is never the representative payee's SSN.***

Bank or Credit Union Information

Depositor's Account Title – Name(s) as they appear on the bank account deposit will be made to.

The account title must include the name of the person authorized to receive the payment. (e.g. representative payee if applicable).

Indicate account type either Checking or Savings.

9-digit routing number. This is a 9-digit number used to denote which financial institution will receive the deposit. This number can be found in the bottom left hand corner of personal checks drawn upon that institution.

Account Number – this represents the account where the funds will be deposited. This may be up to 17 characters long. It may contain both numeric 0-9 and alphabetic characters A to Z.

Type of Payment (check only one box)

The appropriate box should be checked. Refer to the examples that follow to determine how to identify the appropriate payment type.

NOTE: *You must use a separate form for each payment type or individual that is being enrolled.*

For payment types not listed on the FORM 1200 please refer to the next section, Direct Deposit Sign-up Form (SF1199 A) for instructions on submitting enrollments for other payment types.

Claim Number or Check Number. One of these two items is required.

Claim number is an identifying number assigned by the paying agency to the benefit recipient. In many cases, this is the social security number the benefits are drawn upon followed by a series of letters or letters and numbers. For some agencies this may be a unique number that does not use the SSN. Claim numbers can typically be found on award letters issued by the paying agency, correspondence sent by the agency, or year end tax statements.

Check Number is the 12-digit check number of the recipient's most recent benefit payment.

The check number is located in the upper right hand corner of the check. It is formatted as 4-digits a space and then 8-digits. (example: 2053 87654321).

Dollar amount of most recent benefit payment. This value is required. Indicate the dollar amount in dollars and cents of the most recent benefit payment which was received.

When Using Witnesses

When witnesses are used, they should sign to the right of the mark "X", and print the word "Witness" above their signature.

Power-of-Attorney

A person appointed as a power-of-attorney by the court cannot sign the FMS Form 1200 for the payee. The FMS Form 1200 is, in effect, a power-of-attorney and one power-of-attorney cannot execute a second power-of-attorney. The FMS Form 1200 can only be signed by the designated recipient or a representative payee. Questions regarding this item should be directed to the appropriate Federal Agency.

Agency/Payment Type	Recipient
Federal Housing Administration Debentures (Bureau of the Public Debt)	The Federal Housing Administration (FHA) issues these debentures in settlement of defaulted mortgages. The Federal Reserve Bank of Philadelphia maintains the system. Payments are made by Direct Deposit. For more information, recipients should contact Housing and Urban Development at (202) 708-3423, or write to HUD at 451 7th Street, SW, Washington, DC 20410, Attention: multi-family or single family claims.
Series H/HH Savings Bond Interest Payments (Bureau of the Public Debt)	Completes PD F 5396. Recipients should contact the Current Income Bond Branch, Bureau of the Public Debt, Parkersburg, WV 26102-2186 or visit www.savingsbonds.gov to download the form.

NOTE

*Only send completed SF1199A forms to the Federal Agency responsible for issuing the payment. The **Go Direct** Processing Center is unable to process the SF1199A form and will be forced to reject them.*

Sample SF 1200, Front

Sign-Up Form for
Direct Deposit
of Federal Benefit Payments

FMS Form 1200 (January 2008) OMB No. 1510-0007

You may also sign up online today at www.GoDirect.org 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
(print name[s] and address exactly as they appear on your benefit check)

NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)

REPRESENTATIVE PAYEE? Yes ☐ (if yes, enter name at right) No ☐ NAME OF REPRESENTATIVE PAYEE

ADDRESS *(street, route, P.O. box, apartment number)*

CITY *(or APO/FPO)* STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

( ) _____ - _____

SOCIAL SECURITY NUMBER OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)

☐☐☐ – ☐☐ – ☐☐☐☐

B. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE *(name[s] on account)*

ACCOUNT TYPE Checking ☐ Savings ☐

** 9-DIGIT ROUTING NUMBER *(see sample check below)*

** ACCOUNT NUMBER *(see sample check below; do not include check 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.

SAMPLE CHECK *(bottom left corner)*

⑆111999087⑆ 9876554321⑈ 0001

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

C. TYPE OF PAYMENT *(check only one)* You must complete a separate form for each type of federal payment.

☐ SOCIAL SECURITY ☐ SUPPLEMENTAL SECURITY INCOME ☐ VA (COMP/PENSION ONLY)

For military, federal salary, veterans benefits or other federal payments not available through *Go Direct, please contact the paying agency (see page 2 for a partial list of paying agencies).*

RAILROAD RETIREMENT *(specify below)* Annuity benefit ☐ Unemployment survivor benefit ☐

CIVIL (NON-MILITARY) RETIREMENT *(specify below)* Retirement annuity ☐ Survivor annuity ☐

D. IDENTIFICATION

CLAIM NUMBER

OR

CHECK NUMBER (YOUR MOST RECENT PAYMENT)

*In order to process your request, **either** the claim number (found on documents from your paying agency) **or** the check number from your last payment (found in the upper right-hand corner of your Treasury check) **must be entered** at left.*

E. PAYMENT VERIFICATION

*You must **also** enter the amount of your last benefit payment.*

AMOUNT OF YOUR MOST RECENT PAYMENT

$ ☐☐☐☐ . ☐☐

F. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have 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 deposited into the account above.

SIGNATURE DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE DATE

Be sure to complete all sections of this form. Otherwise, the form cannot be processed. Return the completed form to:

Go Direct Processing Center
U.S. Department of the Treasury
P.O Box 650527
Dallas, TX 75265-0527

This form is **only** to be used for switching from check payments to direct deposit of certain federal benefits listed in Box C. Use of this form for any other purposes will result in the form being rejected.

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*

Sample SF 1200, Back

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

Railroad Retirement Board
(Automated System)
(800) 808-0772
(312) 751-4701 TTY

Social Security Administration
(800) 772-1213
(800) 325-0778 TTY

Office of Personnel Management
(888) 767-6738
(800) 878-5707 TDD

BURDEN ESTIMATE STATEMENT

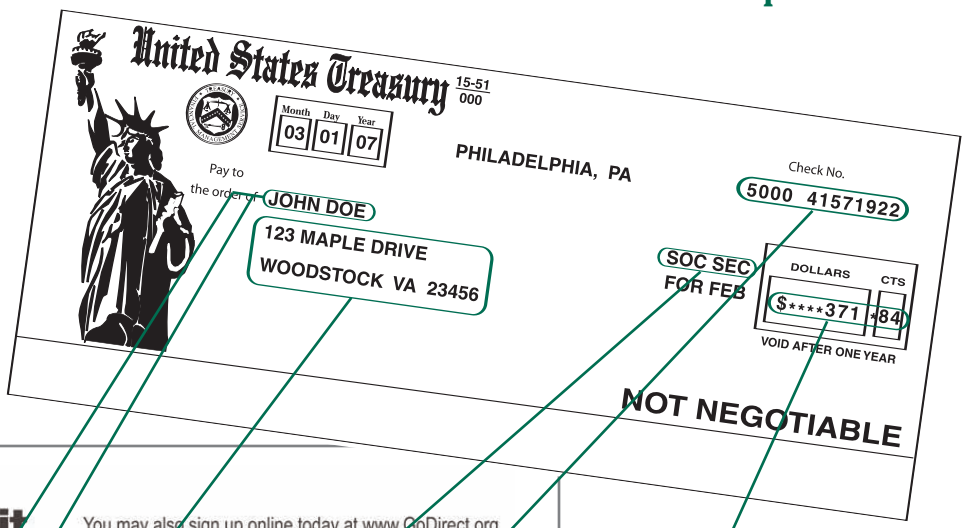
The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. 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.

(2)

SF 1200 Examples

Social Security Administration

Example 1: Single Payee



Sign-Up Form for

Direct Deposit

of Federal Benefit Payments

You may also sign up online today at www.GoDirect.org 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**).

FMS Form 1200 (January 2008) OMB No. 1510-0007

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
(print name[s] and address exactly as they appear on your benefit check)

NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)

REPRESENTATIVE PAYEE? Yes ☐ (if yes, enter name at right) No ☐ NAME OF REPRESENTATIVE PAYEE

ADDRESS *(street, route, P.O. box, apartment number)*

CITY *(or APO/FPO)* STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

( ) _____ - _____

SOCIAL SECURITY NUMBER OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)

☐☐☐ - ☐☐ - ☐☐☐☐

B. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE *(name[s] on account)*

ACCOUNT TYPE Checking ☐ Savings ☐

** 9-DIGIT ROUTING NUMBER *(see sample check below)*

** ACCOUNT NUMBER *(see sample check below; do not include check 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.

SAMPLE CHECK *(bottom left corner)*

⑆111999087⑆ 9876554321⑈ 0001

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

C. TYPE OF PAYMENT *(check only one)* **You must complete a separate form for each type of federal payment.**

☐ SOCIAL SECURITY ☐ SUPPLEMENTAL SECURITY INCOME ☐ VA (COMP/PENSION ONLY)

For military, federal salary, veterans benefits or other federal payments not available through Go Direct, please contact the paying agency (see page 2 for a partial list of paying agencies).

RAILROAD RETIREMENT *(specify below)* Annuity benefit ☐ Unemployment survivor benefit ☐

CIVIL (NON-MILITARY) RETIREMENT *(specify below)* Retirement annuity ☐ Survivor annuity ☐

D. IDENTIFICATION

CLAIM NUMBER

OR

CHECK NUMBER (YOUR MOST RECENT PAYMENT)

*In order to process your request, **either** the claim number (found on documents from your paying agency) **or** the check number from your last payment (found in the upper right-hand corner of your Treasury check) **must be entered** at left.*

E. PAYMENT VERIFICATION

*You must **also** enter the amount of your last benefit payment.*

AMOUNT OF YOUR MOST RECENT PAYMENT

$ ☐☐☐☐ . ☐☐

F. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have 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 deposited into the account above.

SIGNATURE DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE DATE

Be sure to complete all sections of this form. Otherwise, the form cannot be processed. Return the completed form to:

Go Direct Processing Center
U.S. Department of the Treasury
P.O Box 650527
Dallas, TX 75265-0527

This form is **only** to be used for switching from check payments to direct deposit of certain federal benefits listed in Box C. Use of this form for any other purposes will result in the form being rejected.

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*

SF 1200 Examples

Social Security Administration

Example 2: Representative Payee

United States Treasury 15-51 / 000

Month 03 Day 02 Year 07

PHILADELPHIA, PA

Check No. 5000 41571922

Pay to the order of JANE DOE FOR JOHN DOE

123 MAPLE DRIVE
WOODSTOCK VA 23456

SOC SEC FOR FEB

DOLLARS CTS $****371 *84

VOID AFTER ONE YEAR

NOT NEGOTIABLE

GO direct®

Sign-Up Form for Direct Deposit of Federal Benefit Payments

You may also sign up online today at www.GoDirect.org 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**).

FMS Form 1200 (January 2008) OMB No. 1510-0007

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
(print name[s] and address exactly as they appear on your benefit check)

NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)

REPRESENTATIVE PAYEE? Yes ☐ (If yes, enter name at right) No ☐ NAME OF REPRESENTATIVE PAYEE

ADDRESS *(street, route, P.O. box, apartment number)*

CITY *(or APO/FPO)* STATE ZIP CODE

DAYTIME TELEPHONE NUMBER ( ) -

SOCIAL SECURITY NUMBER OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)

B. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE *(name[s] on account)*

ACCOUNT TYPE Checking ☐ Savings ☐

** 9-DIGIT ROUTING NUMBER *(see sample check below)*

** ACCOUNT NUMBER *(see sample check below; do not include check 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.

SAMPLE CHECK *(bottom left corner)*

⑆111999087⑆ 9876554321⑈ 0001

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

C. TYPE OF PAYMENT *(check only one)* **You must complete a separate form for each type of federal payment.**

☐ SOCIAL SECURITY ☐ SUPPLEMENTAL SECURITY INCOME ☐ VA (COMP/PENSION ONLY)

For military, federal salary, veterans benefits or other federal payments not available through Go Direct, please contact the paying agency (see page 2 for a partial list of paying agencies).

RAILROAD RETIREMENT *(specify below)* Annuity benefit ☐ Unemployment survivor benefit ☐

CIVIL (NON-MILITARY) RETIREMENT *(specify below)* Retirement annuity ☐ Survivor annuity ☐

D. IDENTIFICATION

CLAIM NUMBER

OR

CHECK NUMBER (YOUR MOST RECENT PAYMENT)

*In order to process your request, **either** the claim number (found on documents from your paying agency) **or** the check number from your last payment (found in the upper right-hand corner of your Treasury check) **must be entered** at left.*

E. PAYMENT VERIFICATION

*You must **also** enter the amount of your last benefit payment.*

AMOUNT OF YOUR MOST RECENT PAYMENT

$.

F. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have 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 deposited into the account above.

SIGNATURE DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE DATE

Be sure to complete all sections of this form. Otherwise, the form cannot be processed. Return the completed form to:

Go Direct Processing Center
U.S. Department of the Treasury
P.O Box 650527
Dallas, TX 75265-0527

This form is **only** to be used for switching from check payments to direct deposit of certain federal benefits listed in Box C. Use of this form for any other purposes will result in the form being rejected.

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*

D. Direct Deposit Sign-Up Form (SF 1199A)

How to Complete the SF 1199A:

Section 1- To be completed by the payee

The financial institution should verify that all information on this portion of the form is correct.

The financial institution needs to be aware of the following special items:

Name of Person(s) Entitled to Payment (Box B)

In most cases, this will be the name of the payee. Refer to the appropriate Federal agency examples to determine what information to enter for recurring benefit payments.

Claim or Payroll ID Number (Box C)

Payment claim numbers are generally not printed on a recipient's check. Claim numbers may be found on other documents provided by the recipient's paying agency(s) such as: award letters, yearly tax statements or other general correspondence.

Claim Number Prefix

A prefix is one or more letters preceding the claim number. These characters indicate the type of claim for which benefits are being paid. For an explanation of the meaning of a pre-fix, contact the Federal agency authorizing the payment.

Claim Number

A number that identifies the recipient's records at the Federal agency that authorizes the payment: usually a Social Security number or an equivalent identification number.

Claim Number Suffix

A suffix is one or more characters (letters or numbers) following a claim number. These characters indicate the payment type or the payee's relationship to the individual who the benefits are being drawn. For a full explanation of a suffix, contact the Federal agency authorizing the payment.

Example:

VA Compensation, Pension and Education . .123-45-6789 00

Note: *The claim number suffix for VA Compensation, Pension and Education benefit payments reflects the entitlement status of the beneficiary. For example, suffix '00' means the veteran, and '10' means the spouse of the veteran.*

Claim/Payroll ID Table

The table below shows what to enter on the SF 1199A for the Claim or Payroll ID number (Box C) for the various payment types.

Payment Type	Prefix	Claim Number	Suffix
Allotments (Savings and Discretionary)	Leave blank	Social Security Number or Payroll ID Number	Leave blank
Black Lung (Department of Labor)	Leave Blank	Social Security Number	2 characters following the Social Security Number
Central Intelligence Agency/annuity	Leave blank	Social Security Number	Leave blank
Federal Employee Workers' Compen-sation (Department of Labor)	Leave blank	Case number assigned by the Federal agency	Leave Blank
Federal Salary/Military Civilian Pay	Leave blank	Social Security Number or Payroll ID Number	Leave blank
Longshore and Harbor Worker's Compensation Department of Labor	Leave Blank	File number assigned by the Federal agency	Leave Blank
Military Active Duty and Allotments	Leave Blank	Social Security Number	Leave Blank
Military Retirement and Annuity	Leave Blank	Social Security Number	Leave Blank
Miner's Benefit (Department of Labor)	Leave Blank	Social Security Number	1-or 2-digit number following the Social Security Number
Savings Bond Agency's Fee (Bureau of the Public Debt)	Leave blank	Issuing or paying agency code assigned to the financial institution	Leave blank
Series H/HH Savings Bond Interest Pay-ments (Bureau of the Public Debt)	Leave Blank	Social Security Number	Leave Blank

Claim/Payroll ID Table (continued)

Payment Type	Prefix	Claim Number	Suffix
Veterans Compensation, Pension or Education (MGIB)	Leave Blank	8-digit number or 9-digit Social Security Number	Always a 2-digit number
Veterans Life Insurance	1 to 2 letters	4-to 8-digit number	None or a 2-digit number

Depositor Account Number (Box E)

- If account numbers are not used, then insert name or other identification in the box.
- Use only letters of the alphabet, digits 0-9.
- Use up to 17 characters.

Type of Payment (Box F)

The appropriate box should be checked.

If the payment type is not included in the list, then check "Other" and enter the payment type in the blank.

For military payments, enter the name of the military branch in the blank next to the payment type checked.

Payee/Joint Payee Certification

IF...	THEN...
there is only one payee, who could be a representative payee*	only his/her signature is required.
joint payees complete the form	both must sign the form.
the payee's signature is made by a mark "X"	it must be witnessed by two persons who sign and date the form.

** See Glossary, Chapter 9*

Joint Account Holders' Certification (optional)

Federal agencies do not require signatures in this block; however, some financial institutions do.

If the signature is made by a mark "X", it must be witnessed by two persons who sign and date the form.

When Using Witnesses

When witnesses are used, they should sign to the right of the mark "X", and print the word "Witness" above their signature.

Power-of-Attorney

A person appointed as a power-of-attorney by the court cannot sign the SF 1199A for the payee. The SF 1199A is, in effect, a power-of-attorney and one power-of-attorney cannot execute a second power-of-attorney. The SF 1199A can only be signed by the designated recipient or a representative payee. Questions regarding this item should be directed to the appropriate Federal Agency.

Section 2 - To Be Completed by the Payee or the Financial Institution

The financial institution should verify that the name and address of the Federal agency that authorized the payment is used.

For a listing of addresses, refer to Chapter 8, *Contacts*.

Note: *Do not send enrollment forms to the Financial Management Service (FMS). The FMS does not process enrollment forms except for its own employees.*

Section 3 - To Be Completed by the Financial Institution

ENTER the...

- financial institution's name and address
- financial institution's Routing Number
- depositor's account title
  (This title must include the name of the person authorized to receive the payment.)
- financial institution representative's name, signature, telephone number, and current date.

What Actions Should Take Place Before Filing the SF 1199A?

This checklist can be used to verify that all information entered on the enrollment form is complete and accurate.

Verify	CHECK ✔
Name of person(s) entitled to payment*	
Claim or payroll ID number. Refer to CLAIM OR PAYROLL ID NUMBER*	
Type of depositor account	
Depositor account number	
Type of payment	
Proper signatures	

Note: *Make sure the Federal agency that authorizes the payment is entered, not the Financial Management Service. The Financial Management Service does not process enrollment forms, except for its own employees.*

Verify	CHECK ✔
Federal agency name and address*	
Name and address of financial institution	
Routing Number and check digit	
Depositor account title* Make sure it includes the name of the person authorized to receive the payment	

Note: *Items marked with an asterisk (*) are where most errors occur.*

Important Information for New Direct Deposit Recipients

1. The financial institution should inform the recipient that he/she will continue to receive checks or deposits at his/her current payment address of record until the Direct Deposit enrollment is processed.
2. The financial institution should inform the recipient on how to verify receipt of a Direct Deposit payment.
3. The financial institution should inform the recipient to notify the Federal agency of any address changes after Direct Deposit begins, since important information about the payment will be sent to the individual's home address. Some Federal agencies are required to stop payments if mail to the home address is returned and the recipient or beneficiary cannot be located.
4. The financial institution should inform the recipient that it is important to notify both the Federal agency and the financial institution if the recipient or beneficiary dies or becomes legally incapacitated.
5. The financial institution should inform the recipient that if he/she is changing financial institutions, his/her old account should not be closed until Direct Deposit begins into the new account. Make sure the recipient understands that changing financial institutions requires filling out a new Direct Deposit enrollment.

How Are Forms Distributed?

Government Agency Copy Delivered by the employee to his/her payroll office, or mailed to the Federal agency that authorizes the payment.	DO NOT SEND THE FORM TO THE FINANCIAL MANAGEMENT SERVICE (See Appendix 2 at the end of this chapter for agency addresses and phone numbers.)
Financial Institution Copy Held by the financial institution.	There is no official retention period for the SF 1199A. It is recommended that financial institutions retain this form at least until receipt of the first payment.
Payee(s) Copy Held by the recipient.	

What to do if Direct Deposit does not begin

Follow these steps if Direct Deposit does not begin within the specified time period.

Step	Action
1	Ask recipient(s) if the enrollment authorization has been revoked. If yes, no further action is required. If no, and Direct Deposit is still desired, go to Step 2.
2	Make a copy of the completed enrollment form from the financial institution's file copy. ***Note:*** *Verify that all information on the form is correct.*
3	Send a copy of the form and a letter stating that the recipient still wants to receive Direct Deposit to the Federal agency that authorizes the payment.
4	Remind recipient(s) that checks will continue to be sent to his/her home address of record until Direct Deposit begins.

Sample SF 1199A, front

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE
WASHINGTON, DC 20402 STOCK NO. 048-000-00363-0

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 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)*

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 REPRESENTATIVE'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.

NSN 7540-01-058-0224

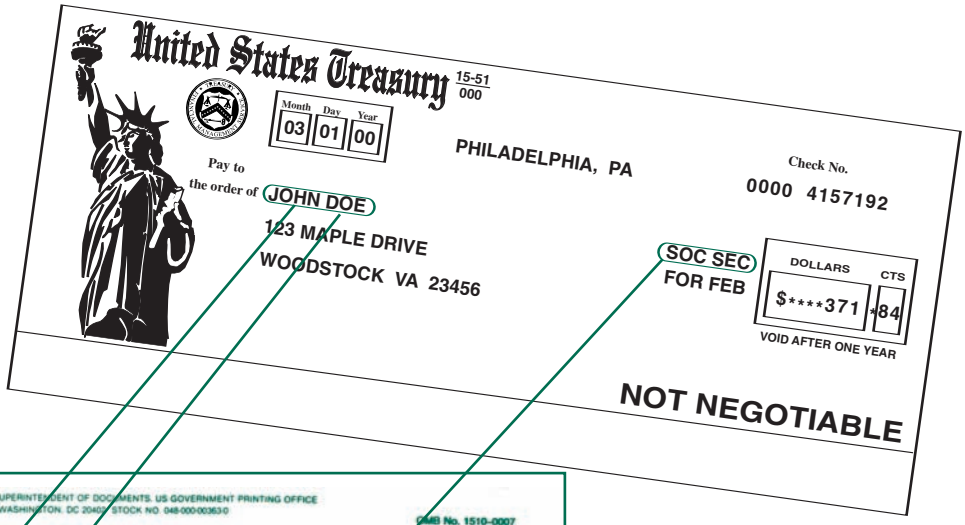
1199-204

GOVERNMENT AGENCY COPY

SF 1199A Examples

Social Security Administration

Example 1: Single Payee



FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE WASHINGTON, DC 20402 STOCK NO. 048-000-00363-0

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 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)*: Doe, John

ADDRESS *(street, route, P.O. Box, APO/FPO)*: 123 Maple Drive

CITY: Woodstock STATE: VA ZIP CODE: 23456

TELEPHONE NUMBER AREA CODE: (703) 555-1234

B NAME OF PERSON(S) ENTITLED TO PAYMENT: John Doe

C CLAIM OR PAYROLL ID NUMBER: Prefix 123-45-6789 Suffix A

D TYPE OF DEPOSITOR ACCOUNT: [ ] CHECKING [X] SAVINGS

E DEPOSITOR ACCOUNT NUMBER: 1 2 3 4 5

F TYPE OF PAYMENT *(Check only one)*:
- [X] 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 John Doe DATE 3-1-00

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: Social Security Administration

GOVERNMENT AGENCY ADDRESS: Enter the address of the local SSA District Office.

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

NAME AND ADDRESS OF FINANCIAL INSTITUTION:
Friendly Financial Institution
100 Main Street
Woodstock, Virginia 23456

ROUTING NUMBER: 1 2 3 4 5 6 7 8 CHECK DIGIT 9

DEPOSITOR ACCOUNT TITLE: John Doe

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: A. B. Smith SIGNATURE OF REPRESENTATIVE: A. B. Smith TELEPHONE NUMBER: (703) 555-1000 DATE: 3-1-00

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.

NSN 7540-01-058-0224 1199-204

GOVERNMENT AGENCY COPY

Note:
This example applies to Social Security and Supplemental Security Income payments.

E. Federal Financial EDI (FEDI) Payments/Vendor Payments

Overview

EDI is defined as the computer to computer transmission of routine business information in a standard format. Federal payments made using Financial EDI or FEDI refers to the electronic transfer of funds and payment-related information. The Federal government uses FEDI for payments it makes to businesses, which provide goods and services to Federal agencies, and other payment recipients, such as State/local governments and educational institutions. For more information, see http://fms.treas.gov/pdf/ffedigui.pdf .

Provisions of the Debt Collection Improvement Act of 1996 require that the majority of Federal payments be made by EFT. These payments include corporate payments to companies providing goods or services to the Federal government. This requirement impacts every Federal government vendor regardless of the size of the company or the goods or services provided.

The Federal government currently uses the two NACHA corporate payment formats for vendor payments. These formats are:

- **CCD+** for single invoice payments. Contains one 80-character addenda record for transmitting the invoice information.
- **CTX** for single or multiple payments. Allows for 9,999 addenda records for the consolidation of multiple invoices in one payment.

Delivery of Remittance (Addenda) Information

The NACHA Operating Rules address the delivery of remittance information contained in the addenda record. At the recipient's request, financial institutions must provide the remittance information by the opening of business on the second banking day following the settlement date of the entry. This impacts all financial institutions processing ACH payments. The remittance information may be provided via a paper report, fax, e-mail, electronic transmission, or any other means negotiated between the recipient and the financial institution.

To perform this key role, it is imperative that the financial institution work closely with its corporate customers who may have business relationships with the Federal government. The following issues should be discussed with your corporate customers:

- How to deliver the remittance information to the customer
- When to deliver the remittance information to the customer
- What specific information to provide to the customer
- What fees, if any, are associated with this service.

Enrollment

The ACH Vendor/Miscellaneous Payment Enrollment Form (SF 3881) is an optional three-part form that Federal agencies may use to enroll their vendors in the FEDI program (similar agency-specific forms or abbreviated check insert forms are also used). Federal agencies will stock the form and provide the form to vendors to initiate the enrollment process. Federal agencies will also discuss with the vendor the ACH payment format (CCD+ or CTX) to be used to transmit the payment. Also, the Federal agency and the vendor will determine the remittance information (e.g., invoice number, discount terms) to be included in the addenda record.

The ACH Vendor/Miscellaneous Payment Enrollment Form (SF 3881) is available at *http://fms.treas.gov/pdf/3881.pdf* .

Enrollment Checklist

The table below is a checklist to assist the financial institution in enrolling the vendor in the FEDI program.

Action	CHECK ✔
Verify that the ACH format selected in the Agency Information section on the SF 3881 can be accepted and processed by the financial institution.	
Agree on HOW and WHEN remittance information (e.g., invoice number) provided by the Federal agency in the addenda record will be passed to the vendor once it is received by the financial institution. ***Note:*** *The agreement is reached by analyzing recipient requirements and comparing those requirements against the level of support the institution can provide.*	
Provide an example of how the addenda information will appear; or, Explain what type(s) of information to look for when the addenda information is received. ***Note:*** *The vendor must be able to understand the information to properly identify the payment.*	
Complete the Financial Institution Information section of the SF 3881.	

How to Complete the SF 3881

Agency Information

The Agency Information section of the form is completed by the Federal agency.

Payee/Company Information

The Payee/Company Information section of the form is completed by the vendor or the financial institution, as appropriate.

Financial Institution Information

We suggest that the Financial Institution Information section of the form be completed by the financial institution as follows:

- the name and address of the financial institution
- the name and telephone number of the ACH contact
- the Routing Number used to receive ACH payments
- the depositor account title
- the depositor account number, lockbox number (if applicable)
- an "X" in the appropriate type of account box
- the signature, title, and telephone number of the financial institution representative

Form Distribution

The vendor will return the original SF 3881 to the Federal agency. The financial institution and the vendor each keep one copy of the form.

Pointers for Completing SF 3881 Form

To answer the questions that vendors and agencies have raised when completing the vendor enrollment form and prevent some of the mistakes that have occurred, the FMS presents these additional pointers:

- The Federal Agency initiates the SF 3881 form to enroll its vendors to receive payment by electronic funds transfer.
- A vendor must complete a separate enrollment form (SF 3881) for each agency with which it does business.
- In the Agency Information Section, the term "AGENCY IDENTIFIER" means the acronym by which the agency is known. For example, the "AGENCY IDENTIFIER" for the Financial Management Service is FMS.
- In the Payee/Company Information Section, it should be noted that the "TAXPAYER ID NO." may be used by the government to collect and report on any delinquent amounts arising out of the offerer's relationship with the government (31 U.S.C. 7701 (c) (3)).
- The financial institution and the vendor should each keep a copy of the completed form.
- The vendor should return the completed SF 3881 to the agency that initiated the form.

Sample SF 3881, Front

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056
Expiration Date 01/31/2000

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

AGENCY IDENTIFIER: | AGENCY LOCATION CODE (ALC): | ACH FORMAT: ☐ CCD + ☐ CTX

ADDRESS:

CONTACT PERSON NAME: | TELEPHONE NUMBER: ( )

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME | SSN NO. OR TAXPAYER ID NO.

ADDRESS

CONTACT PERSON NAME: | TELEPHONE NUMBER: ( )

FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME: | TELEPHONE NUMBER: ( )

NINE-DIGIT ROUTING TRANSIT NUMBER: — — — — — — — — —

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER: | LOCKBOX NUMBER:

TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS ☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(Could be the same as ACH Coordinator) | TELEPHONE NUMBER: ( )

NSN 7540-01-274-9925

3881-103
FINANCIAL INSTITUTION COPY

SF 3881 (Rev 12/90)
Prescribed by Department of Treasury
31 U S C 3322; 31 CFR 210

Sample SF 3881, back

Instructions for Completing SF 3881 Form

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.

2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.

3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 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 and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

F. Enrollment Desktop Guide

This appendix to the Green Book should be helpful to Financial Institutions who are trying to understand the differences between the traditional NACHA rules and the rules specifically for government payments. Use this desktop guide in conjunction with using the ACH entry class code ENR to enroll recipients of Federal benefit payments for Direct Deposit. It can be used for the following payments: Social Security; Supplemental Security Income; Railroad Retirement annuity and unemployment/sickness benefits; Veterans Affairs compensation and pension, education MGIB, education/selected reserve, life insurance and vocational rehabilitation and employment benefits; and Civil Service retirement and survivor annuity.

Service

Using the ACH entry class code ENR is an enrollment process that allows financial institutions to use the ACH to begin Direct Deposit payments fast. Enrollments received and accepted by the paying agency at least 10 business days prior the customer's next scheduled payment date will generally allow the recipient's next month's payment by Direct Deposit.

A unique Standard Entry Class Code, Automated Enrollment (ENR) is used for enrollments where customers are converting their payment from paper check to direct deposit. ENR is not to be used to transfer existing direct deposit enrollments from one financial institution to another or changing an existing direct deposit relationship between accounts at the current institution.

The ENR Standard Entry Class is a non-dollar transaction. It must contain at least one addenda record, and may contain as many as 9,999 addenda records. There are two conditions that must exist for multiple addenda to be included with one ENR.

1 All Direct Deposit enrollments must be for the same Federal agency benefit program. For example, do not mix enrollments for Veterans benefits with Social Security benefits.

2 Third-party processors that transmit ENR entries on behalf of financial institutions must make a discrete batch transmission for each financial institution. Addenda records pertaining to one financial institution should not be included under the same ENR entry as addenda records pertaining to another financial institution's Direct Deposit enrollments.

The ENR is to be used for enrolling payment recipients who currently receive paper checks in the Direct Deposit Program. It is not to be used in place of the Notification of Change (NOC) process to change the routing or account numbers for existing records. Financial institutions should remind customers of the importance of reporting address changes to the benefit program agency.

Approved OMB No. 0960-0564

Required Enrollment Information

The following information is required to effect the enrollment of a recipient in Direct Deposit using the entry class code ENR. This information will be transmitted in the entry detail and the addenda record of an ENR transaction. This page may be duplicated and used for data collection. DO NOT mail this sheet to the agency.
All information collected must refer to the individual who receives the federal benefit payment.

Information obtained from the customer (payment recipient) for inclusion in the entry detail record.

Type of payment: _____

(Social Security; SSI; Veterans compensation and pension, education MGIB, education/selected reserve, life insurance and vocational rehabilitation and employment benefits; Civil Service retirement and survivor annuity; Railroad Retirement annuity and unemployment/sickness)

Information obtained from the customer regarding the payment recipient for inclusion in the Addenda record.

Benefit Recipient's social security number (SSN) SSN ___ ___ ___ ___ ___ ___ ___ ___ ___

(Do not include hyphens in the addenda record.)

The recipient's own SSN may or may not be the SSN on which the benefits are drawn. However, the individual recipient's SSN will always be included on the addenda record. In cases such as minor children the SSN will always be the CHILD's SSN and not that of the adult account holder named on the financial institutions records.

Benefit Recipient's Name

___ ___

Last name (up to 15 positions) *First name (up to 7 positions)*

Last name: This is the recipient's last name excluding any suffixes such as Jr., Sr., II, III, etc… If the last name is hyphenated, the fully hyphenated name up to 17 characters is submitted.

If the last name is comprised of two or more 'parts,' generally, the first part is sent as the last name. (i.e. MaryJane S Public Doe) The last name would be submitted as "PUBLIC" and the Doe would be excluded.

First name: This is the recipient's first name excluding any prefixes such as Dr., Mrs., Miss, etc…

Middle initials are not submitted in this field. Middle initials are dropped. However fully spelt out middle names are included as part of the first name. (i.e. Mary J Doe would be submitted as Mary, whereas, Mary Jane Doe would be submitted as Mary Jane.)

The 'parsed' name will always be submitted exactly as the parsed section appears on the recipient's benefit check. Therefore, incorrectly spelt or spaced items will be submitted as they appear on the check and not as they should be legally spelt.
Example: Janie Ann Doe is trying to enroll; however, her check is printed Jane E A Doe. The enrollment would be submitted as "JANE" and "DOE".

Representative Payee indication No __ (0)(Zero) Yes __ (1)

(See section on Representative Payee, page 1-38.)

Information obtained at the financial institution.

Depository Financial Institution routing number RTN __ __ __ __ __ __ __ __ Check Digit __

Depositor Account Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

(Up to 17 positions)

Transaction Type: _____ **Checking** *(Type Code 22)* _____ **Savings** *(Type Code 32)*

For questions about submitting ENRs for a specific benefit payment, please call the corresponding Federal program agency:

Federal Agency	Telephone No.
Social Security Administration (for SSA and SSI payments)	(215) 597-1134
Office of Personnel Management	(202) 606-0540
Railroad Retirement Board	(312) 751-4704
Department of Veterans Affairs	(918) 687-2532

ENR (Automated Enrollment) Entry Detail Record

Field	1	2	3	4	5	6	7	8	9	10	11	12	13
Data Element Name	**Record Type Code**	**Transaction Code**	**Receiving DFI Identification**	**Check Digit**	**DFI Account Number**	**Amount**	**Identification Number**	**No. of Addenda Records**	**Receiving Company Name/I.D.**	**Reserved**	**Discretionary Data**	**Addenda Record Indicator**	**Trace Number**
Field Inclusion Requirement	M	M	M	M	R	M	O	M	R	N/A	O	M	M
Contents	'6'	(numeric)*			(blanks)	(all zeros)	(blanks)	(numeric)		(blanks)	(blanks)	(numeric)	(numeric)
Length	1	2	8	1	17	10	15	4	16	2	2	1	15
Position	01-01	02-03	04-11	12-12	13-29	30-39	40-54	55-58	59-74	75-76	77-78	79-79	80-94

*Use either 23 or 33 in Field 2.

Program Payment	Field 3 Receiving DFI Identification	Field 4 Check Digit	Field 9 Receiving Company Name/I.D.
The following program payments are eligible for the enrollment service	Use the following DFI Identification number for the corresponding program payment	Use the following number for the corresponding program payment	Use the following codes for the corresponding program for which the recipient is enrolling for Direct Deposit
Social Security	65506004	2	SOCIALbSECURITYb
Supplemental Security Income	65506004	2	SUPPbSECURITYbbb
Veterans Compensation and Pension	11173699	1	VAbCOMP/PENSION
Veterans Education MGIB	11173699	1	VAbEDUCATNbMGIB
Veterans Education/Selected Reserve	11173699	1	VAbEDUCbMGIB/SR
Veterans Life Insurance	11173699	1	VAbLIFEbINSUR
Veterans Vocational Rehabilitation and Employment Benefits	11173699	1	VAbVOCbREHABbEMP
Civil Service Retirement/Annuity	11173699	1	CIVILbSERVbCSAbb
Civil Service Survivor/Annuity	11173699	1	CIVILbSERVbCSFbb
Railroad Retirement/Annuity	11173699 (*)	1 (*)	RAILROADbRETbBDb
Railroad Unemployment/Sickness	11173699 (*)	1 (*)	RAILROADbUISIbbb

NOTE: In the codes, the letter "b" indicates a blank space.

ENR Addenda Record

Field	1	2	3	4	5
Data Element Name	**Record Type Code**	**Addenda Type Code**	**Payment Related Information**	**Addenda Sequence Number**	**Entry Detail Sequence Number**
Field Inclusion Requirement	M	M	R	M	M
Contents	'7'	'05'	'22*12200004*3*123987654321*777777777*DOE*JOHN*0\'	(numeric)	(numeric)
Length	1	2	80	4	7
Position	01-01	02-03	04-83	84-87	88-94

Field 3 - Payment Related Information

The following uses sample information to illustrate the required information to be included in the Addenda record to effect the automated enrollment for Direct Deposit. The standard for submission of ENR records is for all alphabetic characters anywhere in the file to be submitted in UPPER CASE. Failure to do so may result in the submission to be returned by the paying agency. Refer to page 1-38 Return Reasons Codes.

22 = Checking Acct. 32 = Savings Acct.	*	12200004	3	123987654321	777777777	DOE	JOHN	0 = No Rep. Payee 1 = Rep. Payee	\
Transaction Code	Delimiter	Receiver's DFI Routing Number	Check Digit	Receiver's Acct. No. at Financial Institution (Up to 17 positions)	Receiver's Own Social Security No.	Receiver's Surname (Up to 15	Receiver's First Name (Up to 7 pos.)	Representative Payee Indicator	Termina-tor

Representative Payee

A representative payee is a person or institution that is legally entitled to receive payments on behalf of a beneficiary who has been deemed incapable of handling his/her own financial affairs. The majority of benefit recipients do not have representative payees. When a representative payee is present, both names will appear on the benefit check Minor children receiving federal benefits should always have a representative payee. Some examples of representative check payee styles are:

Mary Smith for Jane R. Doe
Harry D. Doe, Guardian for John Q. Public
Admin Sunnyvale Nursing Home for Mary T. Resident

Questions regarding the styling of Representative payee names by a particular paying agency should be directed to that specific agency.

In processing an enrollment, it is important for the processing financial institution and enrolling benefit agency to know that the enrollment originated from the proper authority. In cases where there is a representative payee, a "1" will be entered as the last data element in Field 3 of the addenda. In instances where there is no representative payee, a "0" (zero) will be entered into this position.

The Federal Government requires that the title of accounts receiving Direct Deposit payments bear the name of the payment recipient. Accounts established for representative payee payments reflect fiduciary interest of the representative payee on behalf of the beneficiary. (Example of an account title: John Doe for Mary Smith.) This same regulation applies to institutional representative payees. **The Department of Veterans Affairs and the Office of Personnel Management do not allow ENR enrollments for representative payees.**

Return Reason Codes

If it is necessary for a Federal agency to return an ENR entry to the financial institution as unprocessable, one of the following codes will be indicated on the return:

R40 Non-Participant in ENR Program — The Federal program agency is not a participant in the ENR automated enrollment program.

R41 Invalid Transaction Code — An incorrect or inappropriate transaction code is used in Field 3 of the Addenda record.

R42 Routing Number/Check Digit Error — The Routing Number and/or the Check Digit included in Field 3 of the Addenda record is incorrect.

R43 Invalid DFI Account Number — The receiver's account number at the DFI is either missing, exceeds 17 positions, or contains invalid characters.

R44 Invalid Individual ID Number — The receiver's SSN provided in Field 3 of the Addenda record does not match a corresponding SSN in the benefit agency's records.

R45 Invalid Individual Name — The name of the receiver provided in Field 3 of the Addenda record either does not match a corresponding name in the benefit agency's records or fails to include at least one alphanumeric character.

R46 Invalid Representative Payee Indicator — The representative payee indicator code included in Field 3 of the Addenda record has been omitted or it is not consistent with the benefit agency's records.

R47 Duplicate Enrollment — The Federal agency has received duplicate Automated Enrollment entries from the same DFI.

For more complete information concerning return reason codes and their interpretation, refer to the ***National Automated Clearing House Association ACH Operating Rules.***

NOTE: *At least one paying agency requires that any alphabetic data in an ENR record must be submitted in all UPPER CASE. Therefore, the de facto standard for submission of ENR records is for all alphabetic characters located anywhere in the file to be submitted in UPPER CASE. Failure to do so may result in the submission to be returned as an R44/R45 item even though all information is correct.*

ENR Tips and Information Checklist

General Questions/Information:

1. Are you currently receiving direct deposit?
   - If yes, you will need to contact your paying agency to change any existing banking information.
     - The Social Security Administration 1-800-772-1213
     - The Office Of personnel Management 1-888-767-6738
     - The Railroad Retirement Board 1-800-808-0772
   - If no, do you have or have you opened a checking or savings account?
2. If you are unable to open a regular checking or savings account and are interested in an Electronic Transfer Account (ETA), you can call toll free 1-888-382-3311. A representative would be happy to assist you in finding a bank that offers an ETA account (a low cost account).
3. The benefit recipient or representative payee must be present in order to sign up for direct deposit in person. If by phone, recipient or representative payee must be present to give permission.
4. Is the federal benefit check in the customer's name only? If no, determine whether there is a representative payee relationship or not.

Benefit Recipient Information

5. Benefit recipient – the person who receives the federal benefit payment.
6. Representative payee – the benefit comes in their name or on behalf of someone else.
7. "In C/O" – the benefit comes to the benefit recipient "in care of" someone else. That does not mean the person the check is in care of is the representative payee. The benefit recipient must be present to enroll.
8. If the customer has Power of Attorney for the benefit recipient, they must go to the local office of the paying agency to sign up for direct deposit. If the benefit recipient is not present, customer will need to take all legal documents with them to a regional office of the paying agency. The paying agency does not accept enrollments based solely on a Power of Attorney.
9. If the customer is the guardian of the benefit recipient and his/her name is on the benefit check as guardian for the benefit recipient then the F.I. would treat them as a representative payee. If his/her name is not on the benefit check he/she must go to the local paying agency office with all legal documents.

Information Needed for Direct Deposit Enrollment

The following information is needed to enroll SSA/SSI, RRB, and OPM payments for direct deposit through the U.S. Treasury's Go Direct program.

10. The social security number of the benefit recipient. This is always the individual benefit recipient's SSN. This is never the representative payee's or anyone else's SSN.

11. The routing and account number of the checking or savings account.

If Enrolling through the Go Direct Call Center or via FMS Form 1200

12. The benefit recipients claim number or check number of the most recent federal benefit check received and the payment amount.

    - The claim number can be located on any correspondence the benefit recipient has received from the paying agency. If it is a Social Security payment, the claim number can be found on the Medicare Card if applicable.
    - If the payment is Supplemental Security Income (SSI), the claim number is the benefit recipient's social security number.
    - If the payment is Railroad Retirement, we need the most recent check number – the claim number will not process.
    - If the payment is Civil Service (Office of Personnel Management), we need the most recent check number – the claim number will not process.

13. The federal benefit check numbers are located in the top right hand corner of the federal benefit check. The check numbers are 12 digits long. It will start with 4 digits then a space and 8 more digits. All 12 numbers must be entered with no spaces and no dashes.

14. The claim number must be entered with no spaces or dashes. All numbers and letters must be entered side by side.

Payment Type

15. If the customer normally receives a payment on the 1st day of the month, it is either a SSI payment, a civil service payment, or a railroad retirement payment.

16. If the customer normally receives a payment on the 3rd day of the month, the 2nd, 3rd or 4th Wednesday, it is a social security payment.

17. If the customer has their benefit check in hand, payment type is printed to the left of the dollar amount on the check.

18. If benefit checks come in blue envelopes they are Supplement Security Income (SSI) payments.

Helpful Numbers and Web Sites

19. For SSA/SSI, RRB, and OPM enrollments please enroll through either:

    Go Direct web enrollment: http://www.godirect.org

    Go Direct Call Center: 1-800-333-1795 (English)/1-800-333-1792 (Spanish)
    8:00am – 8:00pm ET, Monday – Friday, excluding Federal Holidays.

20. Department of Defense (DOD) or Black Lung payments can not be set up through ENR.
    - Contact information:
      - Veterans Affairs 1-800-827-1000
      - DOD www.mypay.gov
      - Black Lung http://www.dol.gov/esa/contacts/owep/blcontac.htm

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this collection is 0960-0564. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

Federal Agency Addresses and Phone Numbers

These are the Federal agency addresses where you should send the completed SF 1199A, and/or telephone numbers if you need assistance. If a telephone number is not listed and further assistance is needed, please contact the Financial Management Service Customer Assistance Staff in your region.

Note: *As with any listing of this type, contact information will frequently change. Should you find out-of-date information, please let us know by e-mail at: greenbook@fms.treas.gov.*

Air Force	**Active Duty/Reserves** Recipient should deliver the completed SF 1199A to his/her payroll office. Questions: (303) 676-7213 **Air National Guard** Recipient should deliver the completed SF 1199A to his/her payroll office. **Retirement/Annuity** DFAS-CL U.S. Military Retirement and Annuitant Pay 1240 E. Ninth Street Cleveland, Ohio 44199-2055 Retirement/Annuity: 1 (800) 321-1080 Allotments: (216) 522-5553
Army	**Active Duty/Reserves/National Guard** Recipient must mail or deliver the completed SF 1199A to his/her payroll office. Questions: (317) 510-2800 **Retirement/Annuity** DFAS-CL U.S. Military Retirement and Annuitant Pay 1240 E. Ninth Street Cleveland, Ohio 44199-2055 Retirement/Annuity: 1 (800) 321-1080

Bureau of the Public Debt	**Federal Housing Administration Debenture Payments** Special Investments Branch P.O. Box 396 Parkersburg, WV 26106-0396 Questions: (304) 480-5299 **Savings Bond Agent's Fee Payments** Bureau of the Public Debt Accounts and Reports Section Parkersburg, WV 26106-1328 Questions: 1-800-722-2678 **Series H/HH Savings Bond Interest Payments** Bureau of the Public Debt Current Income Bond Branch Parkersburg, WV 26106-1328 Questions: (304) 480-6112 **State and Local Government Payments** Bureau of Public Debt State and Local Government Payments Parkersburg, WV 26106-1328 Questions: (304) 480-5299
Central Intelligence Agency	Send completed forms to… Central Intelligence Agency Washington, DC 20505 Attn: Compensation Division Office of Finance
Coast Guard	**Active Duty/Reserves** Mail or have the recipient deliver the completed SF 1199A form to his/her payroll office. **Retirement** Coast Guard (RPD) Commanding Officer USGC-PPC Pay and Personnel Office 444 SE Quincy Street Topeka, KS 66683

Department of Labor	**Black Lung**	Send all completed SF 1199As to the district offices listed below. Questions? Call toll-free: 1-800-638-7072 or see the Department of Labor website: www.dol.gov/esa/regs/compliance/owcp/bltable.htm or contact your district office listed below.
	Johnstown, PA	U.S. Department of Labor ESA/OWCP/DCMWC 319 Washington Street, 2nd Floor Johnstown, PA 15901 (800) 347-3754 (814) 533-4323
	Greensburg, PA	U.S. Department of Labor ESA/OWCP/DCMWC 1225 S. Main Street, Suite 405 Greensburg, PA 15601 (800) 347-3753 (724) 836-7230
	Wilkes-Barre, PA	U.S. Department of Labor ESA/OWCP/DCMWC 100 N. Wilkes-Barre Blvd. Room 300 A Wilkes-Barre, PA 18702 (800) 347-3755 (570) 826-6457
	Charleston, WV	U.S. Department of Labor ESA/OWCP/DCMWC Charleston Federal Center, Suite 110 500 Quarrier Street Charleston, WV 25301 (800) 347-3749 (304) 347-7100
	Parkersburg, WV	U.S. Department of Labor ESA/OWCP/DCMWC 425 Juliana Street, Suite 3116 Parkersburg, WV 26101 (800) 347-3751 (304) 420-6385

Department of Labor—Black Lung (continued)	Pikeville, K	U.S. Department of Labor ESA/OWCP/DCMWC 164 Main Street, Suite 508 Pikeville, KY 41501 (800) 366-4599 (606) 432-0116
	Mount Sterling, KY	U.S. Department of Labor ESA/OWCP/DCMWC 402 Campbell Way Mount Sterling, KY 40353 (800) 366-4628 (859) 498-9700
	Columbus, OH	U.S. Department of Labor ESA/OWCP/DCMWC 1160 Dublin Road, Suite 300 Columbus, OH 43215 (800) 347-3771 (614) 469-5227
	Denver, CO	U.S. Department of Labor ESA/OWCP/DC 1999 Broadway, Suite 690 P.O. Box 46550 Denver, CO 80201-6550 (800) 366-4612 (720) 264-3100
	If the district office is unknown, mail the completed SF 1199A form to:	Department of Labor Black Lung Program P.O. Box 37227 Washington, DC 20013
Department of Labor	**Federal Employee Workers' Compensation**	Send all completed SF 1199As to… U.S. Department of Labor Division of Federal Employees' Compensation Central Mail Room P.O. Box 8300 London, KY 40742 Questions? See the Department of Labor website: www.dol.gov/esa/contacts/owcp/fecacont.htm or contact your district office listed below.

Department of Labor–FEWC (continued)	BOSTON District 1	For CT, ME, MA, NH, RI, VT (617) 624-6600
	NEW YORK District 2	For NJ, NY, PR, VI (646) 264-3000
	PHILADELPHIA District 3	For DE, PA, WV (215) 861-5481*, 5482 *The Interactive Voice Response System can also be accessed from this number.
	JACKSONVILLE District 6	For AL, FL, GA, KY, MS, NC, SC, TN (904) 357-4777, 4778* *The Interactive Voice Response System can also be accessed from this number.
	CLEVELAND District 9	For IN, MI, OH (216) 357-5100
	CHICAGO District 10	For IL, MN, WI (312) 596-7157* *The Interactive Voice Response System can also be accessed from this number.
	KANSAS CITY District 11	For IA, MO, NE; DOL employees (816) 502-0301
	DENVER District 12	For CO, MT, ND, SD, UT, WY (720) 264-3000* *The Interactive Voice Response System can also be accessed from this number.
	SAN FRANCISCO District 13	For AZ, CA, HI, NV (415) 848-6700
	SEATTLE District 14	For AK, ID, OR, WA (206) 398-8100
	DALLAS District 16	For AR, LA, NM, OK, TX (972) 850-2300
	WASHINGTON, DC, District 25	for DC, MD, VA; outside U.S. and its possessions; special claims (202) 513-6800* *The Interactive Voice Response System can also be accessed from this number.

Department of Labor	**Longshore and Harbor Workers' Compensation**	Send all completed SF 1199As to… U.S. Department of Labor ESA/OWCP/DLHWC Frances Perkins Building Room C4315 200 Constitution Avenue, NW Washington, DC 20210 Questions: (202) 693-0925
Department of Veterans Affairs		Mail the completed SF 1199A form to the office that maintains the veteran's records.
	ALABAMA	Alabama VA Regional Office 345 Perry Hill Road Montgomery, AL 36104 Questions: 1 (800) 827-1000
	ALASKA	Anchorage VA Regional Office 2925 DeBarr Road Anchorage, AK 99508-2989
	ARIZONA	Arizona VA Regional Office 3225 N. Central Avenue Phoenix, AZ 85012
	ARKANSAS	North Little Rock VA Regional Office Building 65, Fort Roots P.O. Box 1280 North Little Rock, AR 72115
	CALIFORNIA	Los Angeles VA Regional Office Federal Building 11000 Wilshire Boulevard Los Angeles, CA 90024 San Diego VA Regional Office 8810 Rio San Diego Drive San Diego, CA 92108 Oakland VA Regional Office Oakland Federal Building 1301 Clay Street, Room 1300N Oakland, CA 94612

Department of Veterans Affairs (continued)	COLORADO	Denver VA Regional Office 155 Van Gordon Street Lakewood, CO 80228
	CONNECTICUT	Hartford VA Regional Office 450 Main Street Hartford, CT 06103
	DELAWARE	Wilmington VA Regional Center 1601 Kirkwood Highway Wilmington, DE 19805
	DISTRICT OF COLUMBIA	Washington DC VA Regional Office 1120 Vermont Avenue, NW Washington, DC 20421
	FLORIDA	St. Petersburg VA Regional Office 9500 Bay Pines Boulevard Bay Pines, FL 33708
	GEORGIA	Atlanta VA Regional Office 1700 Clairmont Road Decatur, GA 30033
	HAWAII	Honolulu VA Regional Office 459 Patterson Road, E-Wing Honolulu, HI 96819-1522
	IDAHO	Boise VA Regional Office 805 W. Franklin Street Boise, ID 83702
	ILLINOIS	Chicago VA Regional Office 536 S. Clark Street Chicago, Il 60605-1523
	INDIANA	Indianapolis VA Regional Office 575 N. Pennsylvania Street Indianapolis, IN 46204 Questions: (317) 226-7860
	IOWA	Des Moines VA Regional Office 210 Walnut Street Des Moines, IA 50309

Department of Veterans Affairs (continued)	KANSAS	Wichita VA Regional Center 5500 E. Kellogg Wichita, KS 67211
	KENTUCKY	Louisville VA Regional Office 545 S. Third Street Louisville, KY 40202
	LOUISIANA	New Orleans VA Regional Office 701 Loyola Avenue New Orleans, LA 70113
	MAINE	Togus Center One VA Center Togus, ME 04330
	MARYLAND	Baltimore VA Regional Office Federal Building 31 Hopkins Plaza Baltimore, MD 21201
	MASSACHUSETTS	Boston VA Regional Office John Fitzgerald Kennedy Federal Building Government Center Boston, MA 02114
	MICHIGAN	Detroit VA Regional Office Patrick V. McNamara Federal Building 477 Michigan Avenue Detroit, MI 48226
	MINNESOTA	St. Paul VA Regional Center One Federal Drive, Fort Snelling St. Paul, MN 55111-4050
	MISSISSIPPI	Jackson VA Regional Office 1600 E. Woodrow Wilson Avenue Jackson, MS 39216
	MISSOURI	St. Louis VA Regional Office Federal Building 400 S. 18th Street St. Louis, MO 63103

Department of Veterans Affairs (continued)	MONTANA	Fort Harrison Medical & Regional Center William Street off Highway Fort Harrison, MT 59636
	NEBRASKA	Lincoln VA Regional Office 5631 S. 48th Street Lincoln, NE 68516
	NEVADA	Reno VA Regional Office 1201 Terminal Way Reno, NV 89520
	NEW HAMPSHIRE	Manchester VA Regional Office Norris Cotton Federal Building 275 Chestnut Street Manchester, NH 03101
	NEW JERSEY	New Jersey VA Regional Office 20 Washington Place Newark, NJ 07102
	NEW MEXICO	Albuquerque VA Regional Office Davis Chavez Federal Building 500 Gold Avenue, SW Albuquerque, NM 87102
	NEW YORK	Buffalo VA Regional Office Federal Building 111 W. Huron Street Buffalo, NY 14202
		New York VA Regional Office 245 W. Houston Street New York, NY 10014
	NORTH CAROLINA	Winston-Salem VA Regional Office Federal Building 251 N. Main Street Winston-Salem, NC 27155
	NORTH DAKOTA	Fargo VA Medical/Regional Office Center 2101 Elm Street Fargo, ND 58102 Questions: (701) 232-3241

Department of Veterans Affairs (continued)	OHIO	Cleveland VA Regional Office Anthony J. Celebrezze Federal Building 1240 E. Ninth Street Cleveland, OH 44199
	OKLAHOMA	Muskogee VA Regional Office Federal Building 125 S. Main Street Muskogee, OK 74401
	OREGON	Portland VA Regional Office Federal Building 1220 SW 3rd Avenue Portland, OR 97204 Questions: (503) 326-2511
	PENNSYLVANIA	Philadelphia VA Center 5000 Wissahickon Avenue Philadelphia, PA 19101
		Pittsburgh VA Regional Office 1000 Liberty Avenue Pittsburgh, PA 15222
	RHODE ISLAND	Providence VA Regional Office 380 Westminster Mall Providence, RI 02903
	SOUTH CAROLINA	Columbia VA Regional Office 1801 Assembly Street Columbia, SC 29201
	SOUTH DAKOTA	Sioux Falls VA Center P.O. Box 5046, 2501 W. 22nd Street Sioux Falls, SD 57117
	TENNESSEE	Nashville VA Regional Office 110 9th Avenue, South Nashville, TN 37203
	TEXAS	Houston VA Regional Office 6900 Almeda Road Houston, TX 77030

Department of Veterans Affairs (continued)	TEXAS	Waco VA Regional Office One Veterans Plaza 701 Clay Avenue Waco, TX 76799
	UTAH	Salt Lake City VA Regional Office 550 Foothill Drive Salt Lake City, UT 84158
	VERMONT	White River Junction VA Medical & Regional Office Center 215 N. Main Street White River Junction, VT 05009
	WASHINGTON	Seattle VA Regional Office Federal Building 915 Second Avenue Seattle, WA 98174
	WEST VIRGINIA	Huntington VA Regional Office 640 Fourth Avenue Huntington, WV 25701
	WISCONSIN	Milwaukee VA Regional Office 5000 W. National Avenue Milwaukee, WI 53295
	WYOMING	Cheyenne VA Medical/Regional Center 2360 E. Pershing Boulevard Cheyenne, WY 82001
	GUAM	Guam Vet Center 222 Chanlan Santo Papast Reflection Center, Suite 102 Agana, GU 96910 Questions: (705) 475-7161
	PHILIPPINES	Manila Regional Office 1131 Roxas Boulevard, Ermita 0930 Manila, PL 96440 Questions: (011) (632) 528-2500
	PUERTO RICO	San Juan VA Center 150 Carlos Chardon Avenue Hato Rey, PR 00918

Department of Veterans Affairs (continued)	VIRGIN ISLANDS	Saint Croix Vet Center Box 12, R.R. 02, Village Mall, #113Affairs Saint Croix, VI 00850 Questions: 1 (809) 778-5553 Saint Thomas Vet Center Buccaneer Mall Saint Thomas, VI 00801 Questions: 1 (809) 774-6674
Federal Salary	The employee should mail or deliver the completed SF 1199A form to his/her payroll office.	
Marine Corps	**Active Duty/Reserves** Director DFAS – Kansas City Center (AF-FA) Kansas City, MO 64197-0001 Questions: (816) 926-7673 **Retirement/Annuity** DFAS-CL U.S. Military Retirement and Annuitant Pay 1240 E. Ninth Street Cleveland, OH 44199-2055 Questions: 1 (800) 321-1080	
Navy	**Active Duty/Reserves** Mail or have the recipient deliver the completed SF 1199A form to his/her payroll office. Questions: 1 (800) 255-0974 **Retirement/Annuity** DFAS-CL U.S. Military Retirement and Annuitant Pay 1240 E. Ninth Street Cleveland, OH 44199-2055 Questions: 1 (800) 321-1080	
Office of Personnel Management (Civil Service Annuity)	Send completed forms to. . . Office of Personnel Management Change-of-Address Section-ROC Retirement and Insurance Group P.O. Box 440 Boyers, PA 16017-0440 Questions: (202) 606-0500	

Railroad Retirement Board	Send completed forms to… • the local Railroad Retirement Board as listed in the telephone directory; or, • if you cannot obtain the address of the local office, mail to: U.S. Railroad Retirement Board P.O. Box 10792 844 N. Rush Street Chicago, IL 60611 Attn: Direct Deposit Coordinator ORSP Questions: (312) 751-4500 or (312) 751-4707
Social Security Administration	Send completed form to… • the local Social Security District Office; or, • the address Social Security has specified for your financial institution.

G. Automated Standard Application for Payments (ASAP)

General Information

The Automated Standard Application for Payments (ASAP) system is a recipient-initiated payment and information system, designed to provide a single point of contact for the request and delivery of Federal funds. ASAP provides timely delivery of Federal funds to coincide with the outlays of recipient organizations to meet program needs.

A payment requestor in ASAP is an organization authorized to draw Federal funds for use by one or more recipient organizations. In some instances a recipient organization has the authority to draw its own Federal funds, in which case that organization is both a payment requestor and a recipient organization in ASAP.

Federal agencies, payment requesters, and recipient organizations enroll one time to use ASAP. Federal agencies establish and maintain accounts in ASAP to control the flow of funds to recipient organizations. Payment requesters initiate payment requests via ASAP to meet the cash needs of recipient organizations. Approved requests are paid either the same day via the Federal Reserve's Fedwire System or on a date up to 32 days from the request date via the Federal Reserve's Automated Clearing House (ACH) system.

ASAP payments made through ACH use the CTX format. The CTX allows payment requestor/recipient organizations to receive a single payment for multiple requests for funds against various ASAP accounts.

Financial Institution Role

The financial institution plays a key role in the ASAP program by providing the financial institution link between ASAP and the payment requestor/recipient organization. Financial institutions must provide the payment related information contained in the addenda to the recipient organization in compliance with NACHA Operating Rules. It is important that the financial institution work closely with the payment requestor/recipient organization.

The ASAP Payment Requestor Bank Information Form is used to specify the financial institution and account number to which ASAP payments are to be directed. The customer may request the financial institution to verify banking information, including the ABA and Account number. Upon receipt of the form, the Government Disbursing Office will only issue a prenote prior to processing any drawdown requests. For more information, please contact the FMS Customer Assistance Staff (See Chapter 8, Contacts).

H. Termination of Enrollment

The ACH enrollment authorization may be revoked by the recipient or, under certain circumstances, by the financial institution.

Termination by the Recipient

The recipient may revoke the enrollment authorization at any time by notifying the Federal agency, or by authorizing a new enrollment with another financial institution.

Social Security or Supplemental Security Income recipients should call **1 (800) SSA-1213** or write their local Social Security District Office to revoke the enrollment authorization.

Railroad Retirement Board annuitants may either write or call the local Railroad Retirement Board Field Office to revoke the enrollment authorization.

Series H/HH savings bond owners who are required to receive interest payments by Direct Deposit may revoke the enrollment authorization. However, this will result in suspension of payments. Payments will resume when the recipient authorizes a new enrollment.

OPM Annuitants may either write or call **1 (888) 767-6738** to revoke the enrollment authorization. They may also visit *www.opm.gov/retire* to terminate and make changes on-line.

The enrollment authorization will be terminated due to the recipient's or beneficiary's death or legal incapacity.

Courtesy Notice

The recipient or beneficiary is not required to inform the financial institution if he/she revokes or transfers his/her enrollment authorization. As a courtesy, the recipient should be encouraged to inform the financial institution of any changes.

Termination by the Financial Institution

Financial institutions may close an account to which benefit payments are currently being sent thereby revoking the enrollment authorization by providing a 30-day written notice to the recipient prior to closing the account. In cases involving fraud, accounts may be closed immediately. The financial institution cannot revoke the enrollment authorization by notifying the Federal agency and not the recipient.

The 30-day written notice should remind the recipient to make other arrangements for the handling of his/her payments. The financial institution must credit to the recipient's account any payments received during the 30-day notice period. The financial institution must also immediately return to the Federal government all payments received after the 30-day notice period. A financial institution that closes the account without properly terminating the enrollment must make the funds available to the recipient until proper notice is provided.

Recipient Notice to the Federal Agency

The recipient or beneficiary must immediately advise the Federal agency if the enrollment authorization is revoked by the financial institution.