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 page 2 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 page 2 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)*
ALFRED J LABRANCHE

ADDRESS *(street, route, P.O. Box, APO/FPO)*
1027 N MAIN ST LOT 4

CITY / STATE / ZIP CODE
DELEVAN NY 14042

TELEPHONE NUMBER
AREA CODE (716) 220-1778

**B** NAME OF PERSON(S) ENTITLED TO PAYMENT
ALFRED J LABRANCHE

**C** CLAIM OR PAYROLL ID NUMBER
Prefix 006629873 Suffix

**D** TYPE OF DEPOSITOR ACCOUNT ☒ CHECKING ☐ SAVINGS

**E** DEPOSITOR ACCOUNT NUMBER
0 0 0 0 0 0 0 7 5 1 9 8 3 9 3 4

**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 page 2 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 page 2 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
Five Star Bank
3273 W Yorkshire RD PO Box 558
Yorkshire, NY 14173

ROUTING NUMBER: 0 2 2 3 - 0 4 0 3
CHECK DIGIT: 0

DEPOSITOR ACCOUNT TITLE
ALFRED J LABRANCHE

**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 |
|---|---|---|---|
| ANN DRIVER | Ann Driver | (716) 492-1024 | 09/02/15 |

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.**