

DIRECT DEPOSIT SIGN-UP FORM

Info Sent to Customer Via

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)			D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
Jeremy Gunn			E DEPOSITOR ACCOUNT NUMBER		
ADDRESS (street, route, P.O. Box, APO/FPO)			9201881234		
9640 W Chatfield Ave UNIT F			F TYPE OF PAYMENT (Check only one)		
CITY		ST	ZIP CODE		<input type="checkbox"/> Social Security
Littleton		CO	80128		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay
B NAME OF PERSON(S) ENTITLED TO PAYMENT			<input type="checkbox"/> Supplemental Security Income		
			<input type="checkbox"/> Railroad Retirement		
			<input type="checkbox"/> Civil Service Retirement (OPM)		
			<input type="checkbox"/> VA Compensation or Pension		
			<input type="checkbox"/> Mil. Active		
			<input type="checkbox"/> Mil. Retire.		
			<input type="checkbox"/> Mil. Survivor		
			<input type="checkbox"/> Other 		
C CLAIM OR PAYROLL ID NUMBER			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)		
Prefix		Suffix	TYPE		AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION			JOINT ACCOUNT HOLDER'S 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.			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
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
Academy Bank 13420 Coal Mine Rd. Littleton, CO 80127		1 0 7 0 - 0 1 4 8				1
		DEPOSITOR ACCOUNT TITLE				
		9201881234				
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
Margaret A. Bosley		<i>Margaret A. Bosley</i>				

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.