



**FHA NEW ACCOUNT REQUEST**

INVESTOR INFORMATION	FOR DEPARTMENT USE
ACCOUNT NAME _____ _____	ACCOUNT NUMBER _____
ADDRESS _____ _____ _____	ENTERED BY _____
City State ZIP-CODE	APPROVED BY _____
	DATE APPROVED _____

**TAXPAYER IDENTIFICATION NUMBER**

1ST NAMED OWNER \_\_\_\_\_ OR \_\_\_\_\_  
SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER

**CONTACT PERSON**

\_\_\_\_\_  
NAME

**TELEPHONE NUMBER**

( \_\_\_\_\_ ) \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION**

	ACCOUNT TYPE (Check One)	CHECKING SAVINGS
ROUTING NUMBER _____ (Limit 9 characters)		
FINANCIAL INSTITUTION _____ (Limit 30 characters)		
ACCOUNT NUMBER _____ (Limit 17 characters)		
ACCOUNT NAME _____ (Limit 22 characters)		

**AUTHORIZATION**

I submit this request pursuant to the provisions of 31 CFR Part 306 and 31 CFR Part 337.

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number and that I am not subject to backup withholding because (1) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or (2) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I further certify that all other information provided on this form is true, correct and complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SEE INSTRUCTIONS FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT

## INSTRUCTIONS FOR COMPLETING AN FHA NEW ACCOUNT REQUEST

### PURPOSE

You may use this form to establish a HUD account. The Bureau of the Public Debt will establish and maintain your book-entry account for the future deposit of debentures.

### IMPORTANT NOTICES

This form cannot be used for the purchase of debentures or to request a change to an existing account.

Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and print in ink only.

### TAXPAYER IDENTIFICATION NUMBER

Provide the taxpayer identification number required on tax returns and other documents submitted to the Internal Revenue Service. For individuals, this is the social security number (SSN) of the person whose name appears FIRST on the account. In the case of a partnership, company, organization or trust, the employer identification number assigned by the IRS is used.

### DIRECT DEPOSIT INFORMATION

Enter the following information:

- ROUTING NUMBER (your financial institution's ABA identifying number)
- FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be made)
- ACCOUNT NUMBER (the account number at your financial institution)
- ACCOUNT TYPE (checking or savings)
- ACCOUNT NAME (the name as it appears on the account at your financial institution)

Payments to you will be made by direct deposit to the financial institution you designate. The ROUTING NUMBER can be obtained from the institution or found on the bottom line of a check or deposit slip. When providing your account number, please include hyphens. A hyphen is represented by the symbol "-".

### AUTHORIZATION

Sign and date the request form. Requests in the names of two individuals may be signed by either. However, if the second-named owner signs, then IRS Form W-9 signed by the first-named owner, must be submitted with the request. If the IRS has notified you that you are subject to backup withholding and you have not received notice from the IRS that backup withholding has terminated, you should strike out the language certifying that you are not subject to backup withholding.

### SUBMISSION

Submit this request to:

Bureau of the Public Debt  
Special Investments Branch  
200 Third Street  
P.O. Box 396  
Parkersburg, WV 26106-0396

Telephone Number: (304) 480-5299  
Fax Number: (304) 480-5277  
Internet Address: <http://www.publicdebt.treas.gov/spe/spe.htm>  
E-Mail Address: [opda-sib@bpd.treas.gov](mailto:opda-sib@bpd.treas.gov)

### NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the correct address shown in the instructions.