

DIRECT DEPOSIT SIGN-UP FORM (CANADA)
APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY
BENEFITS BY DIRECT DEPOSIT

- Complete **Sections 1, 2 & 3. **SIGN YOUR NAME****
- If you want your benefits sent in U.S. dollars to your **U.S. dollar account** in Canada, ask your financial institution to complete Section 4. If you want your benefits sent in Canadian dollars to your **Canadian dollar account** in Canada, ask your financial institution to complete Section 5.
- Return the completed form to the address below. Include a **VOIDED CHECK** to help us code your International Direct Deposit.

SECTION 1	SECTION 2																				
Name and Complete Mailing Address:	Name of Bank or Other Financial Institution:																				
	Address of Financial Institution:																				
	Financial Institution Phone Number: () -																				
	The type of account is: <input type="checkbox"/> U.S. dollar Checking <input type="checkbox"/> U.S. dollar Savings <input type="checkbox"/> Canadian dollar Checking <input type="checkbox"/> Canadian dollar Savings																				
Social Security Claim Number – IMPORTANT:																					
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> </tr> </table>																					The account is: <input type="checkbox"/> Only my account <input type="checkbox"/> A joint account

SECTION 3

<p style="text-align: center;">PAYEE CERTIFICATION</p> <p>I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.</p>	<p style="text-align: center;">JOINT ACCOUNT HOLDERS CERTIFICATION</p> <p>I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p>
Signature _____ Date _____	Signature _____ Date _____
Phone: () -	

SECTION 4 For direct deposit to your **U.S. dollar account**, ask your bank to complete A or B below.

<p>A. U.S. dollar account at Royal Bank of Canada: U.S. Routing number 026004093 Transit Number <u> 0 </u> (5 digits, begins with zero) Account number _____ (Must be 7 digits, begins with 4 or 8, no dash) Bank Official's Name (Please print.): Phone Number: () - _____ Date: _____</p>	<p>B. U.S. dollar account at any other financial institution in Canada: Transit Number _____ Institution Number _____ Account Number _____ Bank Official's Name (Please print.): Phone Number: () - _____ Date: _____</p>
--	--

SECTION 5 For direct deposit to your **Canadian dollar account**, ask your bank to complete this section.

MAIL COMPLETED FORM
TO: Office of International Operations

<p>Canadian dollar account at <u>any</u> financial institution in Canada:</p> <p>Transit Number _____ Institution Number ____ _</p> <p>Account Number _____</p> <p>Bank Official's Name (Please print.): _____</p> <p>Phone Number: (____) _____ - _____ Date _____</p>	<p>P.O. Box 17769 Baltimore, MD 21235-7769 USA</p> <p>Please don't write in this box: for SSA <u>only</u>. RBC US\$: RTN: 026004093; DAN: 5 digit transit number, 7 digit account number. Other US\$: RTN: 62, 5 digit transit number, 0, U.S. check digit; DAN: 3 digit institution number, account number up to 12 digits. Can. \$ all: RTN: 51, 5 digit transit number, 0, U.S. check digit. DAN: 3 digit institution number, account number up to 12 digits. ALL: No dashes, except Caisse Populaire 815 & 829 before 7th digit, and 865 before 6th digit (which is always 2). POMS GN 02402.300.</p>
--	---

Form **SSA-1199-CN** (2/2007)

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Now you have *two choices*! Social Security benefits can now be directly deposited in either your Canadian dollar account **or** your U.S. dollar account in Canada.

It is time to have your benefits delivered directly into your bank account!

Direct Deposit is safer and more convenient than checks.

The information you give on this form is confidential. We need this information to send your U.S. Social Security payment directly to your account at a financial institution in Canada.

How do I sign up?

It's easy!

1. On the other side of this form, complete Sections 1, 2, and 3. Remember to sign your name.
2. If you want your benefits sent to your U.S. dollar account, ask your bank to complete Section 4.
3. If you want your benefits sent to your Canadian dollar account, ask your bank to complete Section 5.
4. Mail the completed form in the envelope provided. Include a **voided check**, if possible.

What exchange rate will be used if I get Canadian dollars?

Your Social Security benefit will be converted to Canadian dollars at a very good rate a few days before it is deposited in your account. The rate may be different from the rate on the day you receive your payment.

What if I change my account?

If you change your financial institution or your account, you must notify Social Security at either your servicing office or the address below. **Do not close your old account until benefits start coming to your new account.**

What if I have a joint account?

If you have a joint account, the other account holder should sign the Joint Account Holder's Certification on the front of this form. If you have a joint account with a person who receives Social Security payments, and that person dies, you must let the Social Security Administration know right away. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security. As soon as we are advised of the death, we will let you know if your benefit amount will change and we'll send you any money we owe you.

If you have any questions, ask any Social Security office or the office below.

Social Security Administration
Office of International Operations
P.O. Box 17769
Baltimore, MD 21235-7769
USA

PAPERWORK REDUCTION ACT STATEMENT

This information 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. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Only comments relating to our time estimate should be provided, not the completed form.**

Form **SSA-1199-CN** (2/2007)

