

**DRAFT**

For official use only:	
Customer Name	Customer No.

PD F 5512 E  
 Department of the Treasury  
 Bureau of the Public Debt  
 (XXXXXXXX 2007)

**TreasuryDirect®**

**BANK CHANGE REQUEST**

OMB No. XXXX-XXXX  
[www.treasurydirect.gov](http://www.treasurydirect.gov)  
 (304) 480-xxxx

Use this form to add or edit bank information in your TreasuryDirect account.  
**Carefully read all of the instructions before completing this form.**

**1. TREASURYDIRECT® ACCOUNT INFORMATION**

**Account Number:** \_\_\_\_\_

**Account Owner's Name:** \_\_\_\_\_  
 (First Name) (Middle Name/Initial) (Last Name)

**Account Owner's Social Security Number:** \_\_\_\_\_

**Other Accounts or Minor Linked Accounts to Which the Bank Change Applies:** \_\_\_\_\_

**2. ADD BANK INFORMATION**

Please add the following bank information to my TreasuryDirect account:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Account Type:  Checking  Savings

Make this my primary bank information for purchases and payments

Please add the following bank information to my TreasuryDirect account:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Account Type:  Checking  Savings

Make this my primary bank information for purchases and payments

### 3. EDIT BANK INFORMATION

Please update the following bank information in my TreasuryDirect account:

**FROM:**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Account Type:  Checking  Savings

**TO:**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Account Type:  Checking  Savings

Make this my primary bank information for purchases and payments



*If the bank account you wish to edit (listed under FROM above) is currently designated as the payment destination or the source of funds for future transactions, you must complete the following:*

Use the new bank information listed under TO above for the future transactions

Use the following bank information for the future transactions

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Account Type:  Checking  Savings

### SIGNATURES AND CERTIFICATIONS

Under penalties of perjury, I certify that the information provided on this form is true, correct, and complete. This request is submitted pursuant to the applicable provisions of 31 CFR Parts 315, 353, 356, 357, 360, and 363.

**You must wait until you are in the presence of a certifying officer to sign this form.**

**Sign Here:** ⇒ \_\_\_\_\_ (Signature) \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_  
\_\_\_\_\_ (Number and Street or Rural Route, City, State, and ZIP Code)

**Certifying Officer – Each individual must sign in your presence. Complete the certification and affix your stamp or seal.**

I CERTIFY that \_\_\_\_\_, whose identity is known or was proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (Month), \_\_\_\_\_ (Year), at \_\_\_\_\_ (City), \_\_\_\_\_ (State), and signed this form.

**(OFFICIAL STAMP OR SEAL)**

\_\_\_\_\_ (Signature of Certifying Officer)  
\_\_\_\_\_ (Title of Certifying Officer)  
\_\_\_\_\_ (Number and Street or Rural Route)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

## INSTRUCTIONS

### No. 1 TREASURYDIRECT ACCOUNT INFORMATION

Provide the TreasuryDirect Account Number and the Account Owner's Name and Social Security Number. If you want the change of bank information to apply to other TreasuryDirect accounts that you own or to any minor linked accounts for which you are the Custodian, provide the account numbers.

### No. 2 ADD BANK INFORMATION

**To add Bank Information to your TreasuryDirect account**, provide the bank name, routing number, account number, name(s) on account, and the account type of the bank. Place an **X** in the box if the bank added is to be your primary bank for purchases and payments.

### No. 3 EDIT BANK INFORMATION

**To edit bank information that already exists in your TreasuryDirect account**, provide the bank name, routing number, account number, name(s) on account, and account type as they currently appear in your TreasuryDirect account in the **From** section. Enter the updated information in the **To** section of the form. Place an **X** in the box if the bank added is to be your primary bank for purchases and payments.

If the bank account you wish to edit (listed under FROM) is currently designated as the payment designation or the source of funds for future transactions, you must either

- check the box "Use the new bank information listed under TO above for the future transactions, " or
- check the box for "Use the following bank information for the future transactions," and provide the bank information.

## SIGNATURES AND CERTIFICATIONS

**Signatures/Certifications** – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in the officer's presence. The officer must then complete the certification form provided and imprint the seal or stamp required in certifying requests. For certifications within the United States, the certifying individual must be authorized to bind his/her institution by his/her acts and guarantee signatures to assignments of securities or certify assignments of securities. For a list of authorized certifying individuals and the required evidence of authority, see Title 31 CFR Part 363.

If you are a parent of a minor Account Owner, your signature certifies that you are requesting the transaction on the minor's behalf, for the minor's benefit.

**Additional Evidence** – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

**Where to Send** – Send all completed Parts of the form, as well as any other forms and evidence, to:

DEPARTMENT OF THE TREASURY  
BUREAU OF THE PUBLIC DEBT  
PO BOX 7015  
PARKERSBURG, WV 26106-7015

## PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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 05 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 the completed form to the above address; send to the address shown in "Where to Send" in the instructions.**