

For official use only:

Customer Name

Customer No.

PD F 5396 E

OMB No. 1535-0128

Department of the Treasury
Bureau of the Public Debt
(Revised April 2004)

Direct Deposit Sign-Up Form

Check one: Interest payments Redemption payment

Check this box if the address furnished below should **not** be used to update HH/H accounts.

Please Print:

Name (or names, if joint account) _____

Address _____

Telephone No. (Home) _____ (Work) _____

Social Security No. -- OR Employer Identification No. -

Enter the following information OR attach a voided check: *

Depositor's Account No.

Type of Account

Checking Savings

Bank Routing No.

--

Phone No.

() -

Financial Institution Name

* If you want payments deposited at a credit union, **DO NOT ATTACH A VOIDED CHECK.** Ask the credit union to tell you the correct routing number to use on this form.

For a joint account, only the person whose taxpayer identification number is shown should sign the form.

Under penalty of perjury, I certify that:

1. The taxpayer identification number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

(Instructions - You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)

(Signature)

(Date)

Instructions:

Complete and sign this form to request the direct deposit of Series HH/H bond interest payments or a savings bond redemption payment. **Unless otherwise notified, the address and direct deposit information furnished will be updated on all HH/H accounts under the taxpayer identification number provided.**

WHERE TO SEND – Unless otherwise instructed, send the completed and signed form and, if applicable, the properly signed and certified bond(s), as well as any other appropriate forms and evidence, to the Savings Bond Processing Site nearest you. The Savings Bond Processing Sites and their toll-free telephone numbers are as follows:

Buffalo Branch, FRB of New York
Fiscal Services Division
PO Box 961
Buffalo, NY 14240-0961
1-800-234-2931

FRB of Minneapolis
Savings Bond Services
PO Box 214
Minneapolis, MN 55480-0214
1-800-553-2663

FRB of Cleveland
Pittsburgh Branch
PO Box 299
Pittsburgh, PA 15230-0299
1-800-245-2804

FRB of Kansas City
PO Box 419440
Kansas City, MO 64141-6440
1-800-333-2919

FRB of Richmond
PO Box 85053
Richmond, VA 23285-5053
1-800-322-1909

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.**