

**Customer Information**

\*First Name:  Middle:   
\*SSN:   
\*Address:   Use as Address Reference Point  
\*City:  \*State:  \*ZIP:

**Applicant/Recipient Information (If not Customer)**

First Name:  Middle:  Last Name:

**Legal Representative or Representative Payee's Information (If Applicable)**

First Name:  Middle:  Last Name:   
Address:   Use as Address Reference Point  
City:  State:  ZIP:

**Witness Information**

Your authorization does not ordinarily have to be witnessed. However, if you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses.

**Witness 1**

Address:   
City:  State:  ZIP:

**Witness 2**

Address:   
City:  State:  ZIP:

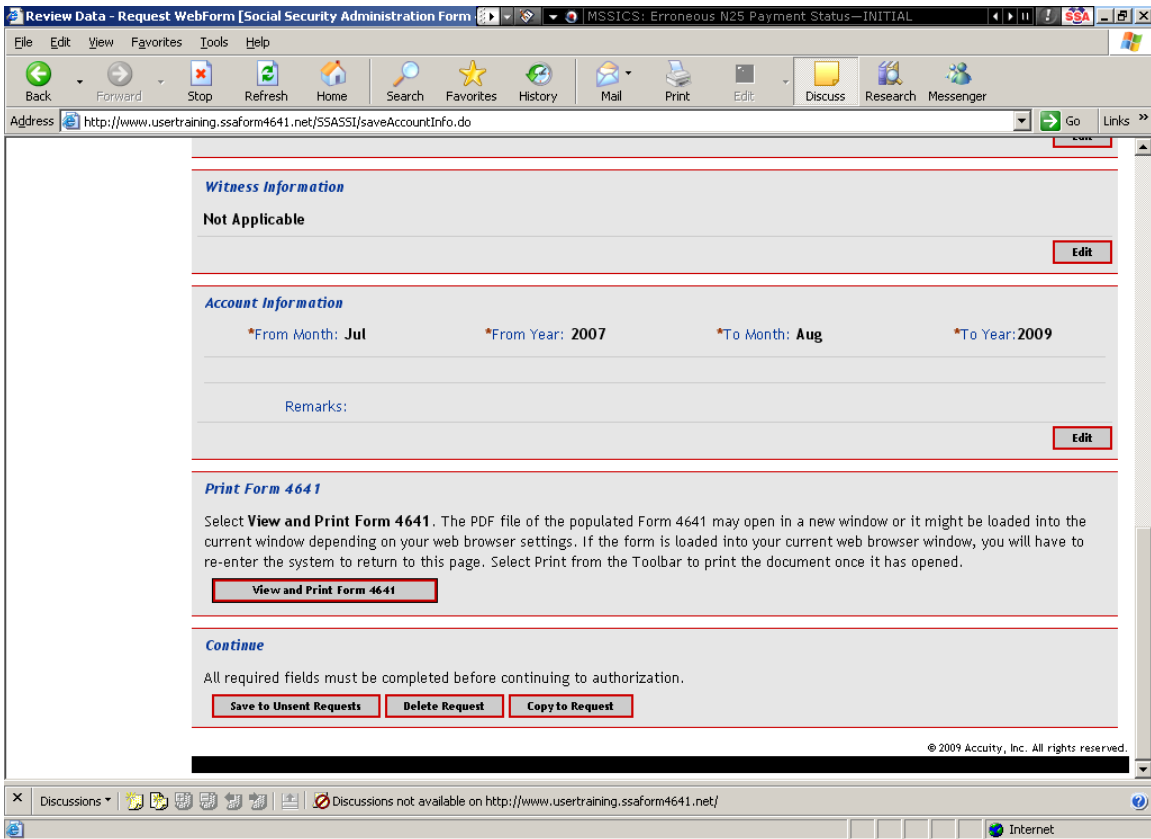
**Continue**

## Request WebForm - Account Information

Steps: [Customer Information] [Account Information] [Review Data]

\* = Required Information

<b>Request ID Information</b>			
*Request ID: 40816			
<b>Account Information</b>			
*From Month:	Jul	*From Year:	2007
*To Month:	Aug	*To Year:	2009
Account 1:	<input type="text"/>	Joint Account	<input type="checkbox"/>
Account 2:	<input type="text"/>	Joint Account	<input type="checkbox"/>
Account 3:	<input type="text"/>	Joint Account	<input type="checkbox"/>
Account 4:	<input type="text"/>	Joint Account	<input type="checkbox"/>
		SSI Direct Deposit	<input type="checkbox"/>
		SSI Direct Deposit	<input type="checkbox"/>
		SSI Direct Deposit	<input type="checkbox"/>
		SSI Direct Deposit	<input type="checkbox"/>
			<b>Add Additional Accounts</b>
Remarks:	<input type="text"/>		
	(Maximum 1000 Characters)		
<b>Continue</b>			
<b>Continue</b>	<b>Save to Unsent Requests</b>	<b>Create SubRequests</b>	<b>Delete Request</b>



**Account Information**

\*From Month: Jul      \*From Year: 2007      \*To Month: Aug      \*To Year: 2009

Remarks:

[Edit](#)

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**Print Form 4641**

Select **View and Print Form 4641**. The PDF file of the populated Form 4641 may open in a new window or it might be loaded into the current window depending on your web browser settings. If the form is loaded into your current web browser window, you will have to re-enter the system to return to this page. Select Print from the Toolbar to print the document once it has opened.

[View and Print Form 4641](#)

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**Continue**

All required fields must be completed before continuing to authorization.

[Continue to Authorization](#)    [Save to Unsent Requests](#)    [Delete Request](#)    [Copy to Request](#)

## Request WebForm - Authorization

\* = Required Information

### Request ID Information

\*Request ID: 40816

### Authorization

The Social Security Administration will request records to determine initial or continuing eligibility and the accuracy of the payment for Supplemental Security Income benefits. I understand that any information obtained will be kept confidential and that:

1. I have the right to revoke this authorization at any time before any records are disclosed; and
2. If I am an applicant or recipient, failing to provide or revoking my authorization will result in a denial or suspension of benefits; and
3. If I am a person whose income and resources the Social Security Administration considers as being available to an applicant or recipient, failing to provide or revoking my authorization may result in a denial of benefits for the applicant or a suspension of benefits for the recipient; and
4. The Social Security Administration may request all records about me from any financial institution, whether or not listed above; and
5. I have the right to obtain a copy of the record which the financial institution keeps concerning the instances when it has disclosed records to a Government authority unless the records were disclosed because of a court order; and
6. This authorization is not required as a condition of doing business with the financial institution named above.

I authorize any custodian of records at this financial institution to disclose to the Social Security Administration any records about my financial business or that of the person named above whom I legally represent or whose benefits I manage.

\*Authorizing signature is on file.  Customer Signed Permanent Authorization.

\*Date Signed: 13 Aug 2009

### Social Security Administration Representative

I certify that the applicable provisions of the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy Act of 1978, good faith reliance upon this certification relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

### SSA Representative's Information

\*SSA Representative's authorizing signature is on file.

\*Date Signed: 13 Aug 2009

First Name: KAY

Middle:

Last Name: SNIDER

Address 1: 26 Federal Plaza, Room 39-100

City: New York

State: NY

ZIP: 10278

Phone: 410-000-0000

### Continue

[Send to FI](#)

[Delete Request](#)

### Authorization

The Social Security Administration will request records to determine initial or continuing eligibility and the accuracy of the payment for Supplemental Security Income benefits. I understand that any information obtained will be kept confidential and that:

1. I have the right to revoke this authorization at any time before any records are disclosed; and
2. If I am an applicant or recipient, failing to provide or revoking my authorization will result in a denial or suspension of benefits; and
3. If I am a person whose income and resources the Social Security Administration considers as being available to an applicant or recipient, failing to provide or revoking my authorization may result in a denial of benefits for the applicant or a suspension of benefits for the recipient; and
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\*SSA Representative's authorizing signature is on file.

\*Date Signed: **13 Aug 2009**

First Name: **KAY**

Middle:

Last Name: **SNIDER**

Address: **26 Federal Plaza, Room 39-100**

City: **New York**

State: **NY**

ZIP: **10278**

Phone: **410-000-0000**

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**View and Print Form 4641**

**Copy to Request**