

Form SSA-1699	SSN	[] [Query] [Establish/Update]
Form SSA-W-9	EIN	[] [Query] [Establish/Update]
Sanctions	SSN	[] [Query] [Establish/Update/Delete]

Request for Appointed Representative's Direct Payment Information

Follow this link to:

- Process a paper form SSA-1699 completed by a representative.
- Query the Appointed Representative Database (ARDB) for SSA-1699 information.

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[AR Menu](#)[→ Personal/Professional
Information](#)[Business Affiliation
Details](#)[1699 Summary](#)**Personal Information****Social Security Number:** 123-45-6789**Name:** Andrew Allan Attorney Jr.**Tax Mailing Address:**

Address Type	<input type="checkbox"/> U.S.	<input type="radio"/> Foreign
Street Address Line 1	<input type="text" value="123 Apple St"/>	
Street Address Line 2	<input type="text"/>	
City	<input type="text" value="Baltimore"/>	
State	<input type="text" value="MD"/> [V]	
Zip Code	<input type="text" value="21207"/>	

Professional Information

Are you registering to receive payments as an attorney or an eligible for direct payment non-attorney?

☐ **Attorney** ☐ **Eligible for Direct Payment Non-Attorney**

Please provide the location and name of one court to which you have been admitted to practice law and are currently in good standing. If you are admitted to more than one court, please provide information for only one court.

Principal Location of Court: (e.g., State, Territory, or District of Columbia)	<input type="text" value="Virginia"/> [V]
Full Name of the Court: (e.g., Supreme Court of Virginia, U.S. District Court for the Southern District of New York, U.S. Court of Appeals for the 9 th Circuit)	<input type="text" value="Supreme Court of Virginia"/> [V]

Attestation:

The applicant must sign the paper application to be processed. If the applicant has done so, check the following box:

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Form 1699Employee: **Jane S. Doe**Today's Date Is: **Monday Jan 2, 2006**[Help](#) ☐ [PolicyNet](#) ☐[AR Menu](#)[Personal/Professional
Information](#)**→** [Business Affiliation
Details](#)[1699 Summary](#)**Social Security Number:** 123-45-6789**Name:** Andrew Allan Attorney Jr.**Business Affiliation Details**

Type of Affiliation	<input type="checkbox"/> Sole Proprietor or Single-Member LLC/LLP	<input type="radio"/> Partner or Salaried Employee
EIN of Entity	<input type="text"/> [Lookup Name]	
Name of Entity	<input type="text"/>	
Notice and Payment Address (Address for SSA notices and, when direct deposit does not apply, fee payment.)	Copy from Tax Mailing Address	<input type="checkbox"/>
	<input type="radio"/> U.S.	<input type="checkbox"/> Foreign
	Street Address Line 1	<input type="text"/> [Calle Cuatro # 21_____]
	Street Address Line 2	<input type="text"/>
	City	<input type="text"/> [Cartagena_____]
	Country	<input type="text"/> [Colombia_____][V] Other <input type="text"/>
	Postal Code	<input type="text"/> [CA-936_____]
Phone Number	<input type="checkbox"/> U.S.	<input type="radio"/> Foreign
	<input type="text"/> [1234567890] ext: <input type="text"/>	
Fax Number (optional)	<input type="radio"/> U.S.	<input type="checkbox"/> Foreign
	<input type="text"/> [123456789012345]	

Payment Preference for this Affiliation:

Method of Payment	<input type="checkbox"/> Check	<input type="radio"/> Direct Deposit
Are you the owner or co-owner of this account?	<input type="radio"/> Yes	<input type="checkbox"/> No
Nine-Digit Routing Number	<input type="text"/>	[Lookup Financial Institution]
Name of Financial Institution	<input type="text"/>	
Type of Account	<input type="radio"/> Checking	<input type="radio"/> Savings
Account Number	<input type="text"/>	

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Form 1699Employee: **Jane S. Doe**Today's Date Is: **Monday Jan 2, 2006**[Help](#) ☐ [PolicyNet](#) ☐[AR Menu](#)[Personal/Professional
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Details](#)[1699 Summary](#)

Social Security Number: 123-45-6789

Name: Andrew Allan Attorney Jr.

Business Affiliation Details

Type of Affiliation	<input type="radio"/> Sole Proprietor or Single-Member LLC/LLP	<input type="checkbox"/> Partner or Salaried Employee
EIN of Entity	[111111111] [Lookup Name]	
Name of Entity	Binder and Binder	
Notice and Payment Address (Address for SSA notices and, when direct deposit does not apply, fee payment.)	Copy from Tax Mailing Address	<input type="checkbox"/>
	<input type="checkbox"/> U.S.	<input type="radio"/> Foreign
	Street Address Line 1	[123 Frederick Rd]
	Street Address Line 2	[Suite 102]
	City	[Baltimore]
	State	[MD][V]
Phone Number	Zip Code	[21228]
	<input type="checkbox"/> U.S.	<input type="radio"/> Foreign
Fax Number (optional)	[4104567890] ext: [230]	
	<input type="checkbox"/> U.S.	<input type="radio"/> Foreign
Fax Number (optional)	[4104567891]	
	<input type="checkbox"/> U.S.	<input type="radio"/> Foreign

Payment Preference for this Affiliation:

Method of Payment	<input type="radio"/> Check	<input type="checkbox"/> Direct Deposit
Are you the owner or co-owner of this account?	<input type="checkbox"/> Yes	<input type="radio"/> No
Nine-Digit Routing Number	[123456789]	[Lookup Financial Institution]
Name of Financial Institution	Bank of America	
Type of Account	<input type="checkbox"/> Checking	<input type="radio"/> Savings
Account Number	[12121212121212]	

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		[View/Edit]	11-1111111 Partner or Salaried employee	Suite 102 Baltimore, MD 21228 (410) 456-7890 ext: 230 Fax: (410) 456-7891	Bank of America RTN:123456789 Acct:12121212121212 Checking
		Applicant has signed the form SSA-1699.			
		<p align="center">Please verify data entered and click Submit.</p> <p align="center"> [Quit] [Previous] [Submit] </p>			