

SECTION 1 (TO BE COMPLETED BY PAYEE)

Form Approved OMB No. 0960-0686

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

- Complete Section 1 and **"SIGN YOUR NAME."**
- Ask your bank to complete Section 3.
- Mail form back using address in Section 2

Name and Complete Mailing Address:	- SOCIAL SECURITY CLAIM NUMBER -	
	Name of Person Entitled to the Benefits	
	THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
	TYPE	AMOUNT
TELEPHONE NUMBER:	PAYEE CERTIFICATION 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.	
	JOINT ACCOUNT HOLDER'S CERTIFICATION (optional) I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
YOUR SIGNATURE	DATE	SIGNATURE
		DATE
	This account is: <input type="checkbox"/> My own account <input type="checkbox"/> A joint account	

SECTION 2 (MAILING ADDRESS)

GOVERNMENT AGENCY NAME: SOCIAL SECURITY ADMINISTRATION	MAIL COMPLETED FORMS TO: U.S. EMBASSY FEDERAL BENEFITS UNIT 24 GROSVENOR SQUARE LONDON W1A 2LQ UNITED KINGDOM
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SECTION 3 (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION)
THIS ACCOUNT MUST BE IN GP POUNDS.

NAME OF BANK	BANK PHONE NUMBER																																								
ADDRESS OF BANK																																									
PRINT NAME OF BANK OFFICIAL	SIGNATURE OF BANK OFFICIAL																																								
TYPE OF ACCOUNT:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																																								
Bank Sorting Code Number	Account Number																																								
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