

SECTION 1 (TO BE COMPLETED BY PAYEE)

Form Approved OMB No. 0960-0686

DIRECT DEPOSIT SIGN-UP FORM (NAME OF COUNTRY)
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 completed 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)	
TELEPHONE NUMBER:	TYPE	AMOUNT
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	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: ADDRESS OF EMBASSY FOR THAT COUNTRY
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SECTION 3 (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION)
THIS ACCOUNT MUST BE IN EUROS

NAME OF BANK	BANK PHONE NUMBER	
ADDRESS OF BANK		
PRINT NAME OF BANK OFFICIAL	SIGNATURE OF BANK OFFICIAL	
Bank Code	Account Number	IBAN

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