

# Request for Payment of Federal Benefits by Check

FMS Form 1201W (Sept. 2011) Previous versions obsolete.

Federal law (31 U.S.C. 3332 and 31 CFR 208) requires that all Federal benefit and other nontax payments be made electronically.

To receive your payments by check, you must explain how you qualify for a waiver by submitting this certified Request for Waiver to the U.S. Department of the Treasury.

**DIRECTIONS** • Complete boxes A, B, C and D. This Request for Waiver must be signed by the payment recipient before a notary public. In cases where a representative payee has been designated, the representative payee is the payment recipient who should sign the form. The notary public must sign and date Box E.

- Submit the completed original form to the Treasury's Electronic Payments Solutions Center at the address found at the bottom of this form. Incomplete forms cannot be processed.
- If you were born on or before May 1, 1921, you do not need to complete this Request for Waiver to receive payments by check. You may sign up for direct deposit any time.

**Claim Type:**  
**Waiver ID#:**

## A. FEDERAL PAYMENT RECIPIENT INFORMATION

Daytime Telephone Number ( ) _____ - _____
Social Security Number of Person Entitled to Government Benefits (Beneficiary) [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]
Email Address (optional)

## B. WAIVER REQUEST

I am requesting a waiver. Receiving payments electronically will impose a hardship on me because (check one):

I am unable to manage an account at a financial institution or a Direct Express® card account due to a mental impairment.

I am unable to manage an account at a financial institution or a Direct Express® card because I live in a remote geographic location lacking the infrastructure to support electronic financial transactions.

## C. REQUEST FOR WAIVER SUPPORTING INFORMATION

Please write 1-2 sentences to explain why your mental impairment or remote geographic location makes you unable to receive payments electronically.

## D. CERTIFICATION

I certify that all of the statements in this Request for Waiver are true. I understand that any person who knowingly or willfully makes false or fraudulent statements or representations to the United States government in connection with this Request for Waiver may be subject to fines and/or imprisonment (18 U.S.C. § 1001).

SIGNATURE	DATE
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## E. NOTARY PUBLIC

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public duly authorized in the state and county named above to take acknowledgements, personally appeared \_\_\_\_\_ known to me to be the individual who executed the foregoing Request for Waiver. IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC	AFFIX SEAL
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**Be sure to complete all sections of this form. Otherwise, the form cannot be processed.**

**PRIVACY ACT NOTICE:** Collection of the information in this Request for Waiver is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your request for a waiver. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your request for a waiver. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your request for waiver cannot be processed without it.

**Return the completed form to:**  
**U.S. Treasury**  
**Electronic Payment Solution Center**  
**P.O. Box 650015**  
**Dallas, TX 75265-0015**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 1 hour, including the time to review instructions, search existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of the time estimate and suggestions for reducing this burden should be directed to the Department of the Treasury, Washington, DC 20220.