



MySocialSecurity / Direct Deposit: Screen Package

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1. Provide Information

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 **my Social Security**

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[Update Your/Enroll in] Direct Deposit OMB No. 0000-0000
[Paperwork Reduction Act](#)

1 Provide Information **2** Review Information **3** Confirmation

Payment Information


Are you the owner or co-owner of the bank account you would like to use?


Yes No

Your privacy is important. For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Next Cancel

2. Provide Information (Multiple Payment Info)

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Update Your Direct Deposit OMB No. 0000-0000 [Paperwork Reduction Act](#)

1 Provide Information | 2 Review Information | 3 Confirmation

 **You are currently receiving multiple benefits using different payment information.**
Completing this process will update all of your benefit payments to use the same Direct Deposit account. Please call 1-800-XXX-XXXX (or TTY 1-800-XXX-XXXX) if you would like to continue using different payment accounts.

Your privacy is important.
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).


Payment Information


Are you the owner or co-owner of the bank account you would like to use?

Yes No

Next

3. Provide Information (Yes Expanded)

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[Update Your/Enroll in] Direct Deposit

OMB No. 0000-0000
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1 Provide Information | 2 Review Information | 3 Confirmation

Payment Information

Are you the owner or co-owner of the bank account you would like to use?

Yes No

Account Information: [? Where can I find this?](#)
Please provide information for the account you'd like to use for your Direct Deposit.

Account Type Routing Number Account Number


When would you like this change to take effect?


As soon as possible (may not update before your next payment)
 Starting with my payment in June 2012
 Starting with my payment in July 2012

Your privacy is important.
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Next

4. We're sorry... (Owner/Co-owner: No Selected)


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[Update Your/Enroll in] Direct Deposit

 **For your protection, you must own or co-own a bank account to participate.**
If you would still like your monthly benefit payment automatically deposited, please open an account (checking, savings or investment) at the financial institution of your choosing.

[Done](#) [Previous](#)

5. Review Information




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[Update Your/Enroll in] Direct Deposit

1  Provide Information 2  Review Information 3  Confirmation

 **You're almost finished. Please make sure your information is correct before you submit.**

[Edit](#) **Payment Information**

Bank or Financial Institution: **American Bank** [? What if this isn't correct?](#)

Routing Number: 54321


Account Number: 123456789


Account Type: Checking

Effective Date: June 2011

[Submit](#) [Previous](#) [Cancel](#)

6. Confirmation (Update)




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Update Your Direct Deposit

1  Provide Information 2  Review Information 3  Confirmation

 **Congratulations! You have updated your Direct Deposit.**

- We'll confirm your update with a letter before any payment appears in your account.
- Please **do not close your old account** until a payment is deposited into your new one.


Your Updated Information


Bank or Financial Institution: **American Bank**
Account Number: **x6789**
Account Type: **Checking**
Effective Date: **June 2011**

Moved recently? Please keep your mailing address and phone number up to date.
[Update my Contact Information](#)

[Done](#)

7. Confirmation (Enroll)




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Enroll in Direct Deposit

1  Provide Information 2  Review Information 3  Confirmation

 **Congratulations! You have enrolled in Direct Deposit.**
We'll confirm your enrollment with a letter before any payment appears in your account.

Your Updated Information

Bank or Financial Institution: **American Bank**
Account Number: **x6789**
Account Type: **Checking**
Effective Date: **June 2011**

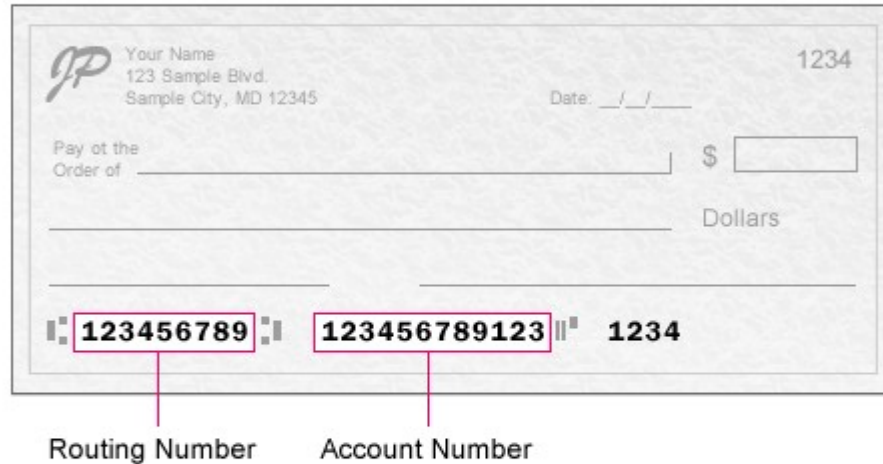
Moved recently? Please keep your mailing address and phone number up to date.
[▶ Update my Contact Information](#)

Done

8. Help (Where can I find this?)

Where can I find this?

This information can usually be found on one of your blank checks, as illustrated below. Please contact your bank, credit union, or other financial institution if you're still not certain where to find it.



Important:

If your account is at a credit union, investment company, or a small bank, look below your bank's name on the check. If it says "Payable through" and shows the name of another bank, it means your bank processes checks through a different bank. You will need to contact your bank and ask for the correct Routing Number to use for direct deposit.

Close

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9. Help (What if this isn't correct?)

What if this isn't correct?

If the bank or financial institution displayed is not what you expected:

1. Please check that your routing number was entered correctly.
2. If the routing number was entered correctly and the name for your bank or financial institution still isn't displayed, please contact your bank or financial institution.

[Close](#)

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10. Definition (Owner or co-owner)

Owner or co-owner

If you are not sure that you are the owner or co-owner for the account you'd like to use for your Direct Deposit, we recommend that you contact your bank or financial institution to find out.

Here are some examples to help you determine if you are listed as an owner or co-owner of an account. The account title can typically be found printed on your check or at the top of your account statement.

In this example **both John and his wife, Mary**, are co-owners:

- John Q. Public
Mary Public
- John **and** Mary Public
- Mary **or** John Public
- Mr. **and** Mrs. John Public

Only John but not Steve is an owner of these accounts:

- John Q. Public
- Steve Public **for** John Public
- John Public **by** Steve Public, trustee
- John Public **by** Steve Public, Guardian

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11. PopUp (Privacy Act Statement)

Privacy Act Statement

Collection and Use of Personal Information

Sections 202, 205(a), 1602, and 1611 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide on this form to identify quickly who you are, provide the information you requested, and update our records based on the changes you make in this application.

Completion of this form is voluntary. However, the failure to provide the requested information may prevent you from using our online applications.

We use the information you supply primarily for the purposes stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To comply with Federal laws requiring the release of information from Social Security records (e.g. to the Government Accountability Office and Department of Veterans Affairs);
2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, *Supplemental Security Income Record and Special Veterans Benefits (60-0103)* and *Master Beneficiary Record (60-0090)*. The notices, additional information regarding this form, and any other information regarding our programs are available online at www.socialsecurity.gov or at your local Social Security office.

Explanations about these and other reasons why we use or give out information you provide are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Close

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12. PopUp (Paperwork Reduction Act)

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the *Paperwork Reduction Act of 1995*. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-XXXX; expiration date XX/XX/XXXX.

We estimate it will take about XX minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-0001.

[Close](#)

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