

## DIRECT DEPOSIT SIGN-UP FORM (CANADA)

### APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY BENEFITS BY DIRECT DEPOSIT

- Complete **Sections 1, 2 & 3. \*\*SIGN YOUR NAME\*\***
- If you want your benefits sent in U.S. dollars to your **U.S. dollar account** in Canada, ask your financial institution to complete Section 4. If you want your benefits sent in Canadian dollars to your **Canadian dollar account** in Canada, ask your financial institution to complete Section 5.
- Return the completed form to the address below. Include a **VOIDED CHECK** to help us code your International Direct Deposit.

<b>SECTION 1</b>	<b>SECTION 2</b>											
Name and Complete Mailing Address:	Name of Bank or Other Financial Institution:											
	Address of Financial Institution:											
	Financial Institution Phone Number: (____) _____ - _____											
	The type of account is: <input type="checkbox"/> U.S. dollar Checking <input type="checkbox"/> U.S. dollar Savings <input type="checkbox"/> Canadian dollar Checking <input type="checkbox"/> Canadian dollar Savings											
Social Security Claim Number – <b>IMPORTANT:</b>												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>												The account is: <input type="checkbox"/> Only my account <input type="checkbox"/> A joint account

**SECTION 3**

<p style="text-align: center;"><b>PAYEE CERTIFICATION</b></p> <p>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.</p> <p>Signature _____ Date _____</p> <p>Phone: (____) _____ - _____</p>	<p style="text-align: center;"><b>JOINT ACCOUNT HOLDER'S CERTIFICATION</b></p> <p>I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>Signature _____ Date _____</p>
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**SECTION 4** For direct deposit to your **U.S. dollar account**, ask your bank to complete A or B below.

<p><b>A. U.S. dollar account at Royal Bank of Canada:</b>                  U.S. Routing number <b>026004093</b>                  Transit Number <u>0</u> _____ (5 digits, begins with zero)                   Account number _____ (Must be 7 digits, begins with 4 or 8, no dash)                   Bank Official's Name (Please print.): _____                   Phone Number: (____) _____ - _____ Date: _____</p>	<p><b>B. U.S. dollar account at any other financial institution in Canada:</b>                  Transit Number _____ Institution Number _____                   Account Number _____                   Bank Official's Name (Please print.): _____                   Phone Number: (____) _____ - _____ Date: _____</p>
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**SECTION 5** For direct deposit to your **Canadian dollar account**, ask your bank to complete this section.

<p><b>Canadian dollar account at <u>any</u> financial institution in Canada:</b>                  Transit Number _____ Institution Number _____                   Account Number _____                   Bank Official's Name (Please print.): _____                   Phone Number: (____) _____ - _____ Date _____</p>	<p><b>MAIL COMPLETED FORM</b></p> <p><b>TO:</b> Office of International Operations                  P.O. Box 17769                  Baltimore, MD 21235-7769                  USA</p> <p><b>Please don't write in this box: for SSA <u>only</u>.</b>                  RBC US\$: RTN: 026004093;                  DAN: 5 digit transit number, 7 digit account number.                  Other US\$: RTN: <b>62</b>, 5 digit transit number, 0, U.S. check digit;                  DAN: 3 digit institution number, account number up to 12 digits.                  Can. \$ all: RTN: <b>51</b>, 5 transit number, 0, U.S. check digit.                  DAN: 3 digit institution number, account number up to 12 digits.                  ALL: <b>No</b> dashes, except Caisse Populaire 815 &amp; 829 before 7<sup>th</sup> digit, 865 before 6<sup>th</sup> digit (which is always 2).                  POMS GN 02402.300.</p>
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## IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Now you have *two choices!* Social Security benefits can now be directly deposited in either your Canadian dollar account **or** your U.S. dollar account in Canada.

**It is time to have your benefits delivered directly into your bank account!**

**Direct Deposit is safer and more convenient than checks.**

The information you give on this form is confidential. We need this information to send your U.S. Social Security payment directly to your account at a financial institution in Canada.

### How do I sign up?

It's easy!

1. On the other side of this form, complete Sections 1, 2, and 3. Remember to sign your name.
2. If you want your benefits sent to your U.S. dollar account, ask your bank to complete Section 4.
3. If you want your benefits sent to your Canadian dollar account, ask your bank to complete Section 5.
4. Mail the completed form in the envelope provided. Include a **voided check**, if possible.

### What exchange rate will be used if I get Canadian dollars?

Your Social Security benefit will be converted to Canadian dollars at a very good rate a few days before it is deposited in your account. The rate may be different from the rate on the day you receive your payment.

### What if I change my account?

If you change your financial institution or your account, you must notify Social Security at either your servicing office or the address below. **Do not close your old account until benefits start coming to your new account.**

### What if I have a joint account?

If you have a joint account, the other account holder should sign the Joint Account Holder's Certification on the front of this form. If you have a joint account with a person who receives Social Security payments, and that person dies, you must let the Social Security Administration know right away. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security. As soon as we are advised of the death, we will let you know if your benefit amount will change and we'll send you any money we owe you.

**If you have any questions**, ask any Social Security office or the office below.

Social Security Administration  
Office of International Operations  
P.O. Box 17769  
Baltimore, MD 21235-7769  
USA

See revised Privacy Act and  
Paperwork Reduction Act  
statements below.

### PAPERWORK REDUCTION ACT STATEMENT

~~This information 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 control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Only comments relating to our time estimate should be provided, not the completed form.**~~

DIRECT DEPOSIT SIGN-UP FORM (Canada), Form SSA-1199-CN  
Privacy Act Statement  
Collection and Use of Personal Information

Section 204 (a)(1) of the Social Security Act, as amended (42 U.S.C. 404), and 31 CFR 210, authorizes us to collect this information. We will use the information you provide to process Social Security benefit payments with your financial institution and/or its agent. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information may affect the processing of this form and may delay or prevent the receipt of your benefit payments through the Direct Deposit/Electronic Funds Transfer Program.

We rarely use the information you provide on this form for any purpose other than for the reasons explained 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 enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded and administered benefit programs for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

*SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:*

**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 control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.