

DIRECT DEPOSIT SIGN-UP FORM – country: _____

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

Please complete and sign Sections 1 and 2. ****Sign your name.**** Ask your bank to complete Section 3. **Mail the completed form in the envelope provided.**

SECTION 1 Name and Complete Mailing Address											
Name							Sign up now for International Direct Deposit. Your benefits will be delivered <u>safely</u> and <u>on time</u> !				
Street, Apartment											
City, Province, Postal Code											
Country											
Social Security Claim Number: IMPORTANT						Name of Person Entitled to the Benefit					

SECTION 2							
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 I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE		DATE		SIGNATURE		DATE	
YOUR DAYTIME TELEPHONE NUMBER				This account is: <input type="checkbox"/> My own account <input type="checkbox"/> A joint account			

SECTION 3 (Ask your bank to complete this section.)
This account must be (in local currency.)/(a U.S. dollar account.)

NAME OF BANK							
ADDRESS OF BANK							
COUNTRY WHERE BANK IS LOCATED							
BANK PHONE NUMBER				SIGNATURE OF BANK OFFICIAL			

Print the routing and account numbers for this account, or Print the IBAN.

Bank and Branch Routing Number

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Account Number

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IBAN

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Mail completed form to:

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

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your bank account in the country you named on page 1.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent through the (Country's) banking system and will usually be in your bank account shortly after the U.S. payment date. You will no longer have to wait for your check to clear. With direct deposit you will have immediate access to your money.

INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, you will not need to pay to cash your check and get your U.S. dollars converted to local currency. A few days before the payment date, your U.S. Social Security payment is automatically converted at an interbank exchange rate, which is generally better than the rate offered by banks in the country on that day.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank **and** the U.S. Social Security Administration. 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, if you are eligible to receive Social Security, we will determine whether your benefit amount will change and will send you any money that we owe you.

IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. Social Security Administration. If the Social Security Administration has to contact you and cannot locate you, your payments may be stopped.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify one of the offices below:

Federal Benefits Unit American Embassy in your country	Social Security Administration Office of International Operations PO Box 17769 Baltimore, MD 21235-7769 USA
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Do not close your old account until payments have started coming to your new account.

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.~~

Please see below
for revised Privacy
Act and Paperwork
Reduction Act
statements.

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 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. 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.