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OMB No. 1510-0007

REPRESENTATIVE PAYEES

Please call 1-800-333-1795 to complete your enrollment by phone.

Sign-Up Form for the Direct Express® Card for Benefit Payments

DIRECTIONS Please read the information on page 2 before completing this form.

You must complete all REQUIRED information in boxes A, B and C.

Only complete this form to sign up for the Direct Express® card if you are an individual who receives benefit payments.

A. FEDERAL BENEFIT RECIPIENT INFORMATION *(print name[s] and address exactly as they appear on your benefit check)*

If you are a representative payee you may not use this form - you should call 1-800-333-1795 for assistance

NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY) REQUIRED	
FIRST _____	MI _____
LAST _____	SUFFIX _____
ADDRESS: STREET 1 REQUIRED	

STREET 2	

CITY REQUIRED	STATE REQUIRED ZIP CODE REQUIRED
_____ - _____	
DAYTIME TELEPHONE NUMBER REQUIRED	E-MAIL _____
_____ - _____	_____
SOCIAL SECURITY NUMBER REQUIRED	DATE OF BIRTH OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY) REQUIRED
_____ - _____	(MM-DD-YYYY) _____ - _____

If your name or address as it appears on your benefit check is incorrect, please complete the section below with the correct information as it should appear on your Direct Express® Card

FIRST _____		MI _____
LAST _____		SUFFIX _____
ADDRESS: STREET 1		

STREET 2		

CITY	STATE	ZIP CODE
_____	_____	_____ - _____

B. IDENTIFICATION

AGENCY CLAIM NUMBER REQUIRED	BENEFIT TYPE REQUIRED
_____	_____
12 DIGIT CHECK NUMBER REQUIRED	<input type="checkbox"/> SOCIAL SECURITY OR <input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME (SSI)

In order to process your request, either the claim number (found on documents from your paying agency) or the check number from your last payment (found in the upper right hand corner of your Treasury check) must be provided.	If you receive additional payments from other paying agencies, you will need to call Treasury's All Electronic Payment Solution Center at 1-800-333-1795 to enroll all of your benefits at one time.
You must also provide the dollar amount of your last benefit payment.	PAYMENT VERIFICATION REQUIRED \$ _____ . _____

C. CERTIFICATION

I certify that the above information is true, accurate, and complete. I authorize the U.S. Department of the Treasury or its fiscal agent to share the information contained in this document with Treasury's financial agent and the Direct Express® card issuer, Comerica Bank (or its contractors), for the purpose of establishing a Direct Express® card account to be used for the receipt of my benefit payments. I understand that Comerica Bank issues the Direct Express® card and that the card is subject to the terms, conditions and fees as described at www.USDirectExpress.com. I authorize the Federal agency that pays my benefits to credit all of my payments to my Direct Express® card account after it is established. I understand that the Direct Express® card will be mailed to me once my personal information and eligibility to receive benefits have been confirmed.	
(See page 2 for cancellation information.)	SIGNATURE REQUIRED _____
	DATE REQUIRED _____

Return the completed form to:
U.S. Treasury
Electronic Payment Solution Center
P.O. Box 650527
Dallas, TX 75265-0527

This form is only to be used for switching from check payments to a Direct Express® card. Use of this form for any other purposes will result in the form being rejected.

PLEASE READ THIS CAREFULLY

ABOUT THE DIRECT EXPRESS® CARD

The Direct Express® Debit MasterCard® is a prepaid debit card for Federal benefit payments. Cardholders can make purchases, pay bills and get cash at thousands of locations nationwide. Most services are free. There are fees for a limited number of optional transactions and services. See www.USDirectExpress.com for details about features and fees. Sign-up is free and no bank account is required.

The Direct Express® Debit MasterCard® is issued by Comerica Bank, pursuant to a license by MasterCard International Incorporated. MasterCard and the MasterCard brand are registered trademarks of MasterCard International Incorporated.

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by direct deposit to a Direct Express® card account. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure that 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 or its agents and their contractors or another disbursing official, or to establish a prepaid card and to process federal payments to you by direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your direct deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

CANCELLATION

You may cancel your Direct Express® card at any time. If you cancel your Direct Express® card, you must notify your paying agency and enroll for direct deposit.

Your payments will be sent by direct deposit to your Direct Express® card account until the federal agency that issues your payments is notified to stop, such as in the case of death or legal incapacity of the person receiving the payments.

Please contact your paying agency to update your name or address

If you are a representative payee who wishes to sign up for a Direct Express® Card, please call 1-800-333-1795.

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

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