

Request for Payment of Federal Benefits by Check

FS Form 1201W (March 2014) 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. In cases where a representative payee has been designated, the representative payee is the payment recipient who should sign the form.
 - Submit the completed original form to the U.S. Treasury Electronic Payment Solution Center at the address found at the bottom of this form.
 - Incomplete forms cannot be processed.

A. FEDERAL PAYMENT RECIPIENT INFORMATION

(print name[s] and address exactly as they appear on your benefit check)

NAME OF THE PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)	
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> (If Yes enter name at right) No <input type="checkbox"/>	NAME OF REPRESENTATIVE PAYEE
ADDRESS (street, route, P.O. Box, apartment number)	
CITY (or APO / FPO)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	
SOCIAL SECURITY NUMBER OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CLAIM NUMBER	

B. WAIVER REQUEST (one form for each check received)

<p>TYPE OF FEDERAL BENEFIT: _____</p> <p>Receiving payments electronically will impose a hardship on me because (check one):</p> <p><input type="checkbox"/> I am unable to manage an account at a financial institution or a Direct Express® card account due to a mental impairment.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I was born on or before May 1, 1921. My date of birth is: _____ mm / dd / yy</p>
--

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
-----------	------

Be sure to complete all sections of this form. Otherwise, the form cannot be processed.

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

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.