

DIRECT DEPOSIT SIGN-UP FORM (NAME OF COUNTRY)**APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY
MONTHLY BENEFITS BY DIRECT DEPOSIT**

- Complete Section 1 and "SIGN YOUR NAME."
- Ask your bank to complete Section 3.
- Mail completed form back using address in Section 2

SECTION 1 (COMPLETED BY PAYEE)

Name and Complete Mailing Address:	- SOCIAL SECURITY CLAIM NUMBER -										B.I.C	
	Name of Person Entitled to the Benefits											
TELEPHONE NUMBER:	THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)											
	TYPE						AMOUNT					
CERTIFICATION						JOINT ACCOUNT HOLDER'S CERTIFICATION (optional)						
I (beneficiary or representative payee) certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send this payment to the financial institution indicated in Section 3 and deposit it in the designated account. I understand that personal information in these payments is confidential, but I consent to disclosure of payment information compelled by law or necessary to protect against fraud or crime.						I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.						
YOUR SIGNATURE				DATE		JOINT ACCOUNT HOLDER'S SIGNATURE				DATE		
ARE YOU THE REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> No <input type="checkbox"/>						This account is: <input type="checkbox"/> My own account <input type="checkbox"/> A joint account						
BENEFICIARY DATE OF BIRTH												

SECTION 2 (MAILING ADDRESS)

GOVERNMENT AGENCY NAME: SOCIAL SECURITY ADMINISTRATION	MAIL COMPLETED FORMS TO: ADDRESS OF EMBASSY FOR THAT COUNTRY or THE USA SOCIAL SECURITY ADMINISTRATION ADDRESS
--	--

SECTION 3 (COMPLETED BY YOUR FINANCIAL INSTITUTION)
THIS ACCOUNT MUST BE IN _____

NAME OF BANK						BANK PHONE NUMBER					
ADDRESS OF BANK											
PRINT NAME OF BANK OFFICIAL						SIGNATURE OF BANK OFFICIAL					
Society for Worldwide Interbank Financial Telecommunications/ Bank Identifier Code (SWIFT/BIC)											
Country Code				Branch Code				Check Digit			
Bank Code				Account Number				IBAN			

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.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

You will receive your payment through the _____ banking system and will usually be in your bank account shortly after the regular payment date. With direct deposit, you will have immediate access to your money. This is the safest way of receiving your benefits.

INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, your U.S. Social Security payment converts automatically to _____ (if applicable) at the daily international exchange rate before deposited to your account.

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 Social Security Administration or the American Embassy or Consulate in your area. You must return to Social Security any payments deposited into a joint account after the death of a beneficiary.

IF YOUR ADDRESS CHANGES

If your address changes, you **must** inform the American Embassy or the Social Security Administration. Your payments may stop if the Social Security Administration needs to contact you and cannot find your location.

CHANGING BANKS OR BANK ACCOUNTS

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

American Embassy/Consulate Address of the American Embassy/Consulate	Social Security Administration Office of International Operations PO Box 17769 Baltimore, MD 21235-7769 USA
--	---

You may need to fill out a new sign-up form. ***Do not close your old account until payments have started coming to your new account.***

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.**

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.