

AUTHORIZATION FOR THE SOCIAL SECURITY ADMINISTRATION TO OBTAIN ACCOUNT RECORDS FROM A FINANCIAL INSTITUTION AND REQUEST FOR RECORDS

CUSTOMER'S NAME	SOCIAL SECURITY NUMBER
NAME AND ADDRESS OF FINANCIAL INSTITUTION	APPLICANT/RECIPIENT IF OTHER THAN CUSTOMER
ACCOUNT NUMBER(S)	
<input type="checkbox"/> JOINT ACCOUNT, <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> JOINT ACCOUNT, <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> JOINT ACCOUNT, <input type="checkbox"/> DIRECT DEPOSIT	

I understand:

- I have the right to revoke this authorization at any time before any records are disclosed;
- The Social Security Administration may request all records about me from any financial institution;
- Any information obtained will be kept confidential;
- I have the right to obtain a copy of the record which the financial institution keeps concerning the instances when it has disclosed records to a government authority unless the records were disclosed because of a court order; and
- This authorization is not required as a condition of doing business with any financial institution

The checkbox below shows the reason you are giving us your authorization to contact financial institutions:

Supplemental Security Income Eligibility

- The Social Security Administration will request records to determine initial or continuing eligibility and the accuracy of the payment for Supplemental Security Income (SSI) benefits.
- If I am an applicant or recipient, failing to provide or revoking my authorization will result in a denial or suspension of SSI benefits.
- If I am a person whose income and resources the Social Security Administration considers as being available to an applicant or recipient, failing to provide or revoking my authorization may result in a denial of benefits for the applicant or a suspension of benefits for the recipient.
- This authorization is in effect until the earliest of: 1) a final adverse decision on my application for benefits, 2) the cessation of my eligibility for benefits, or 3) my revocation of this authorization in a written notification to the Social Security Administration.

Waiver Determination

- The Social Security Administration will request records to determine the ability to repay an overpayment in conjunction with a waiver determination.
- Failing to provide or revoking my authorization may result in the Social Security Administration determining, on that basis, that adjustment of recovery of the overpayment will not deprive me of funds to pay my bills for food, clothing, housing, medical care, or other necessary expenses.
- This authorization is in effect until the earliest of: 1) a final decision on whether adjustment or recovery of my overpayment would deprive me of funds to pay my bills for food, clothing, housing, medical care, or other necessary expenses; or 2) my revocation of this authorization in a written notification to the Social Security Administration.