

Recipient Information



BENEFIT RECIPIENT HAS A REPRESENTATIVE PAYEE

REPRESENTATIVE PAYEE FULL NAME (As Appears On Check)

BENEFICIARY LIST

Jane E. Smith



FIRST NAME	MIDDLE	LAST NAME	SUFFIX	SSN
Jane	E.	Smith		222-22-2222

Beneficiary Name As Appears on Check
FIRST (required), MIDDLE (optional), LAST (required), SUFFIX (optional)

NEXT

Recipient Address Screen

DisasterAssistance.gov
ACCESS TO DISASTER HELP AND RESOURCES



RECIPIENT INFORMATION

RECIPIENT ADDRESS

PAYMENT

SUMMARY

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Address As Appears On Check

ADDRESS (STREET, ROUTE, P.O. BOX, APARTMENT NUMBER)

123 Oak Street

CITY (OR APO/FPO)

Germantown

STATE

Maryland

ZIP CODE

12345

EMAIL

john.smith@fema.gov

DAYTIME TELEPHONE
NUMBER

(703) 233-3222

BACK

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DISASTER ASSISTANCE
DAIP
IMPROVEMENT PROGRAM

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ACCESS TO DISASTER HELP AND RESOURCES

Payment



RECIPIENT INFORMATION

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DIRECT DEPOSIT DETAILS

SAVINGS ACCOUNT CHECKING ACCOUNT

BANK ROUTING NUMBER

ACCOUNT NUMBER

VERIFY ACCOUNT NUMBER

211380483

1234567

BENEFIT PAYMENT INFORMATION

CHECK NUMBER

CLAIM NUMBER

CHECK AMOUNT

PAYMENT AGENCY LIST

PAYMENT TYPE LIST

SAVE PAYMENT

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Summary

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ADD BENEFICIARY

CONFIRM & SUBMIT

Recipient Name: John R. Smith

Recipient SSN: 111-11-1111

Representative:

Address: 123 Oak Street

City: Germantown

State: Maryland Zip: 12345

Phone: (703) 233-3222

Email: john.smith@fema.gov

Payment Agency:

Payment Agency Type:

OPM - CIVIL SERVICE /
OPM

CSA-FEDERAL CIVIL
SERVICE
RETIREMENT/ANNUITY

Bank Account #: 1234567

Bank Routing #: 211380483

Checkings Account

Check Amount: \$123.00

Check Number: 12

EDIT

DELETE

ADD BENEFICIARY

CONFIRM & SUBMIT

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DAIP
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