

# TreasuryDirect® Account Authorization

www.treasurydirect.gov

**IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.**  
**PRINT IN INK OR TYPE ALL INFORMATION**

## Instructions

1. Wait until you are in the presence of a certifying officer to sign this form. Identification may be required.
2. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions.  
**Certification by a notary public is NOT acceptable.**
3. Mail the completed authorization form to: Treasury Retail Securities Site, P.O. Box 7015, Minneapolis, MN 55480-7015.

## Authorization

I submit this account authorization pursuant to the provisions of 31 CFR Part 363. I understand that my TreasuryDirect account will be activated upon receipt and approval of this authorization. Under penalty of perjury, I certify the information provided is true, correct and complete.

|                 |  |
|-----------------|--|
| _____           | _____                                    |
| (Signature)     | Taxpayer Identification Number (SSN/EIN) |
| _____           | _____                                    |
| Mailing Address | Telephone (Daytime)                      |
| _____           |  |
| E-mail Address  |  |

|   |   |
|---|---|
| <b>Certifying Officer:</b>  | <ul style="list-style-type: none"><li>• <i>The individual must sign in your presence and you must complete the certification and affix your stamp or seal.</i></li><li>• <i>Acceptable certifications include the financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp).</i></li><li>• <i>Certification by a notary public is NOT acceptable.</i></li></ul> |
| I CERTIFY that _____, whose identity is known or was<br>(Name of Person Who Appeared)         |   |
| proven to me, personally appeared before me this _____ day of _____, _____,<br>(Month) (Year) |   |
| at _____, and signed this authorization.<br>(City) (State)                                    |   |
| _____ (Signature of Certifying Officer)   |   |
| _____ (Printed Name and Title of Certifying Officer)  |   |
| _____ (Name of Financial Institution)   |   |
| _____ (Address)   |   |
| _____ (City, State, and ZIP Code)   |   |
| _____ (Phone Number)  |   |

**(OFFICIAL STAMP OR SEAL)**

**ACCEPTABLE CERTIFICATIONS:** Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp).

**(Notary certification is NOT acceptable.)**

## NOTICE UNDER THE PRIVACY ACT AND PAPERWORK REDUCTION ACT

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Fiscal Service and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Fiscal Service may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the Fiscal Service; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 5 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to this address; send to the address shown in the instructions.