

United States
Office of Personnel Management
 Retirement Services and Management
 Post Office Box 440
 Boyers, PA 16017-0440

Date:

It's Time to Sign Up for Direct Deposit or Direct Express

The United States Department of the Treasury will pay all federal benefits electronically by Direct Deposit or by Direct Express.

You can be paid by Direct Deposit into your account in a bank, credit union, savings bank, or thrift institution. Many financial institutions offer basic, low-cost accounts, as well as full-service accounts. Direct Deposit is safe, reliable, and convenient for you. You do not have to take care of a paper check (*which could be delayed in the mail, lost, or stolen*).

For more information about Direct Deposit, call us on 1-888-767-6738 (*hearing-impaired users should utilize the Federal Relay Service by dialing 711 or their local communications provider to reach a Communications Assistant*) Monday through Friday from 7:30 AM to 7:45 PM Eastern time. It is easy to sign up. You can call us toll-free using the numbers shown above. If you do not want to call us to enroll, you can fill this form out and FAX it to 724-794-6633. Or, you can mail this form to our Boyers, Pennsylvania, address shown at the top of this page.

If you are not enrolled in the Direct Deposit program, you will need to arrange for a Direct Express debit card provided by the Department of the Treasury. To obtain a debit card, go to www.godirect.gov. You will also find complete information about Direct Express on this website. Your payments will be electronically placed on the Direct Express debit card. You can use this card like cash to make purchases; you can obtain cash from bank or credit union tellers or from ATM machines.

If you are not enrolled in the Direct Deposit program or in Direct Express, you must contact the Department of the Treasury at 1-800-333-1795 to discuss your options for receiving payment. If you do not take action, the Department of the Treasury will contact you.

Retirement Operations

Enclosure: Return Envelope

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information requested on this form by Public Law 104-134 which requires that regular annuity payments must be paid by Direct Deposit through Electronic Funds Transfer (EFT), unless receiving this payment electronically would cause the annuitant hardship. **Purpose:** OPM will use this form to provide an opportunity for the annuitant to elect Direct Deposit or Direct Express. This election is required only once: when a person is first put on our rolls.

Routine Uses: The information requested on this form may be shared externally as a "routine use" to other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a benefit determination, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of routine uses can be found in the *OPM/Central 1 Civil Service Retirement and Insurance Records system of records notice*, available at www.opm.gov/privacy.

Consequences of Failure to Provide Information: Providing this information to OPM is voluntary. However, failure to provide an immediate response may prevent or delay the administering of financial benefit to the annuitant.

Public Burden Statement

We estimate this form takes an average of 30 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0226), Washington, DC 20415-0001. The OMB Number 3206-0226 is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Applicant's name
Claim number

Direct Deposit Information

To have your annuity payments made by Direct Deposit, please complete Section A. You may also receive Direct Deposit by calling us or by completing a Standard Form 1199A (*available at most financial institutions*). If you want payments by Direct Express, please complete Section B.

Section A - Payment by Direct Deposit

I want to receive my annuity payments by Direct Deposit into the account indicated below.

Account Information - Please contact your financial institution to obtain accurate and complete account and routing numbers. If you prefer, you may attach a voided check instead of entering the account and routing numbers. However, we cannot accept a deposit slip for this purpose.

Account type

<input type="checkbox"/>	Checking
<input type="checkbox"/>	Savings

Account number

<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Financial institution routing

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name, address and telephone number of your financial institution

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<input type="text"/>	<input type="text"/>
Your signature*	Your daytime telephone number (<input type="text"/>)
Your Email address	Date

Section B - Payment by Direct Express

Please pay me by Direct Express debit card.

Your signature*	Your daytime telephone number (<input type="text"/>)
Your Email address	Date

***You must sign.** We cannot accept the signature of a person holding your power of attorney. We can accept the signature of an OPM-approved representative payee or a court-appointed fiduciary, if we have a copy of the court appointment.