

# POS / Direct Deposit: Screen Package

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# POS

## POS MENU

Ln	0	1	2	3	4	5	6	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789							0
1	C	POS 4.0			POS MENU			PEMUSM50	
2	0	AUTHORIZER: SSSSSSSSSS	SSSSSSSSSS		FIELD OFFICE: SSS			MOD: SS	
3	L								
4	U	*SELECT: <u>X</u>	<b>1=ESTABLISH</b>		5=FUTURE USE				
5	M		2=UPDATE		6=FUTURE USE				
6	N		3=QUERY		7=PIA RECOMP RETRIEVAL				
7	*		4=FUTURE USE		8=FUTURE USE.				
8	0								
9	N	*NH SSN: <u>XXXXXXXXXX</u>		PIC: <u>XXX</u>					
10	E								
11									
12	R	UNIT: <u>XXXXXX</u>							
13	E								
14	S	BENEFICIARY SAME AS REPORTER (Y/N): <u>A</u>							
15	E	REPORTER FIRST NAME: <u>XXXXXXXXXX</u>		REPORTER LAST NAME: <u>XXXXXXXXXXXXXXXXXXXXXX</u>					
16	R	RELATIONSHIP TO BENEFICIARY: <u>XXXXXXXXXXXXXXXXXXXXXX</u>							
17	V								
18	E	REPORTER DAYTIME PHONE: <u>XXXXXXXXXX</u>							
19	D								
20									
21									
22									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****							
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

SCREEN FR  
MSOM

POS

POS SELECTION LIST

Ln No	0	1	2	3	4	5	6	7	8	
1	C	POS SELECTION LIST							PESL	
2	0	NH SSN: SSSSSSSS		NH NAME: SSSSS SSSSSSSSS						
3	L	1=ADDR/DIR DEP/TEL		11=CHILD RELATIONSHIP		21=ALIEN TAX WITHHOLDING				
4	U	2=NAME CORRECTION		12=NONRECEIPT		22=FOREIGN ACTIONS				
5	M	3=DEATH/RESSURECT		13=WORK REPORTS		23=CITIZENSHIP				
6	N	4=MARRIAGE/DIVORCE		14=HEALTH INS ENROLLMENT		24=LAWFUL PRESENCE				
7	*	5=MISC SUSP/TERM/REINST		15=HEALTH INS REPLACMNT CARD		25 CERT OF ELECTION				
8	0	6=DISABILITY CESSATION		16=HMO DISENROLLMENT		26=STUDENT				
9	N	7=PROVISIONAL PAYMENTS		17=PAY CYCLE		27=GOVT PENSION OFFSET				
10	E	8=CDR SUSPEND/RESUME		18=PIA RECOMPS		28=AUTHORIZED REP				
11		9=DEV REP SUSP/REINSTATE		19=MILITARY SERVICE UPDATE		29=LANGUAGE				
12	R	10=CHILD IN CARE ISSUES		20=VOLUNTARY TAX WITHHOLDING		30=SPECIAL NOTICE OPTION				
13	E									
14	S	PIC	LAF	DE	SSI	PSC	BENEFICIARY	NAME	DOB	SELECT ALL: XX XX
15	E	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
16	R	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
17	V	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
18	E	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
19	D	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
20		SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
21		SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
22		MORE (Y/N): A								
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

SCREEN FR  
MSOM



## POS

### POS ADDRESS/DIRECT DEPOSIT/PHONE

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789	0							0
1	C	POS		POS ADDRESS/DIRECT DEPOSIT/PHONE				PEAD		
2	0	NH: SSSSSSSSSS SSSSS SSSSSSSSSS		BN: SSSSSSSSS SSSSS SSSSSSSSSS				PIC: SSS		
3	L	PAY CYCLE: SSSSSSSSSSSSSSSSSS		CYC RUN PROC DT: SSSSSS		CYC REASON: SSSSSSSSSSSSSSSS				
4	U	LEGEND 1: SSSSSSSSSSSSSSSSSSSSSSSSSSS				LEGEND 2: SSSSSSSSSSSSSSSSSSSSSSSSSSS				
5	M	LEGEND 3: SSSSSSSSSSSSSSSSSSSSSSSSSSS				LEGEND 4: SSSSSSSSSSSSSSSSSSSSSSSSSSS				
6	N	*ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPPPPP				ADDRESS 2: PPPPPPPPPPPPPPPPPPPPPPPPP				
7	*	ADDRESS 3; PPPPPPPPPPPPPPPPPPPPPPPPP				ADDRESS 4: PPPPPPPPPPPPPPPPPPPPPPPPP				
8	0	*CITY: PPPPPPPPPPPPPPPPPPPPPPPPP				STATE: PP		ZIP: PPPPP		
9	N	STATE & COUNTY CODE : PPPPP				DISTRICT OFFICE CODE: PPP				
10	E	COUNTRY: PPPPPPPPPPPPPPPPPPPPPPPPPPP				CONSULAR CODE: PPP				
11		FOREIGN POSTAL ZONE: PPPPPPPPPPPPPPPPPPP				GEOGRAPHIC CODE: PPPPP				
12	R	IS REP PAYEE RESIDENCE ADDRESS THE SAME AS INPUT ADDRESS (Y/N): A								
13	E	DOES BENEFICIARY LIVE WITH REP PAYEE (Y/N): A								
14	S									
15	E	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: PPPPPPPPP		ACCOUNT TYPE (C/S): P						
16	R	DEPOSITOR ACCOUNT NUMBER: PPPPPPPPPPPPPPPPP		CANCEL DIRECT DEPOSIT (Y): A						
17	V	DIRECT EXPRESS (Y): A								
18	E	SELECT PAYMENT EFFECTIVE DATE: X		1=SS/SS/SSSS		2=SS/SS/SSSS.				
19	D	SELECT PHONE CODE: P		1=HOME		2=WORK		3=NONE		4=UNK
20		PHONE NUMBER: PPPPPPPPPPPPPPPPP				SELECT PHONE TYPE: P		1=DOMESTIC		2=FOREIGN.
21		DOES ALL THE DATA ON THIS SCREEN APPLY TO D/E SSN SSSSSSSSS SSS (Y/n): A								
22		ADD/REVIEW FUTURE EVENTS (Y): P		DELETE (Y): A		TRANSFER TO: XXXX				
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

SCREEN FR

This screen allows for input of direct deposit routing transaction number, deposit payment code, depositor account number, the option to cancel direct deposit, and (yes or no) on whether the individual's beneficiary payments are received on a Direct Express debit card.