

# FHA TRANSACTION REQUEST



BUREAU OF THE  
**Fiscal Service**  
LEAD. TRANSFORM. DELIVER.

## HUD ACCOUNT IDENTIFICATION

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR DEPARTMENT USE

ENTERED BY \_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

## TRANSACTIONS REQUESTED

CHECK THE BOX NEXT TO EACH TRANSACTION REQUESTED AND PRINT THE INFORMATION AS IT SHOULD APPEAR ON YOUR HUD ACCOUNT.

NAME CHANGE (Signature certification may be required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS CHANGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State ZIP-CODE

TAXPAYER IDENTIFICATION NUMBER CHANGE (For correction only)

1st NAMED OWNER \_\_\_\_\_

SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER

TELEPHONE NUMBER CHANGE

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

DIRECT DEPOSIT INFORMATION  ADD  CHANGE (Signature certification required)

ROUTING NUMBER \_\_\_\_\_ (Limit 9 characters)

FINANCIAL INSTITUTION NAME \_\_\_\_\_ (Limit 30 characters)

ACCOUNT NUMBER \_\_\_\_\_ (Limit 17 characters)

ACCOUNT NAME \_\_\_\_\_ (Limit 22 characters)

ACCOUNT TYPE  CHECKING  SAVINGS (Check One)

CONSOLIDATION OF HUD ACCOUNTS

\_\_\_\_\_ CLOSING HUD ACCOUNT NUMBER(S)

SEE INSTRUCTIONS FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

**AUTHORIZATION**

NOTE: IF YOUR SIGNATURE REQUIRES CERTIFICATION, DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF A CERTIFYING OFFICER. SIGN YOUR NAME EXACTLY AS IT CURRENTLY APPEARS ON YOUR ACCOUNT.

I SUBMIT THIS REQUEST PURSUANT TO THE PROVISIONS OF 31 CFR PART 306 AND 31 CFR PART 337.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

FOR TAXPAYER IDENTIFICATION NUMBER CHANGES ONLY: Under penalties of perjury I certify that the number shown on this form is my correct Taxpayer Identification Number and that I am not subject to backup withholdings because (1) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (2) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

\_\_\_\_\_  
SIGNATURE(S) \_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE (IF APPROPRIATE)

**CERTIFICATION**

SIGNATURE CERTIFICATION IS REQUIRED FOR CERTAIN NAME CHANGES AND ALL DIRECT DEPOSIT INFORMATION CHANGES.

I CERTIFY THAT THE ABOVE-NAMED PERSON(S) AS DESCRIBED, WHOSE IDENTITY IS KNOWN OR PROVEN TO ME, PERSONALLY APPEARED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_  
MONTH/YEAR CITY/STATE  
AND SIGNED THIS REQUEST.

OFFICIAL SEAL  
OR STAMP  
(SUCH AS  
CORPORATE SEAL,  
SIGNATURE  
GUARANTEED  
STAMP, OR  
MEDALLION STAMP).

\_\_\_\_\_  
SIGNATURE AND TITLE OF CERTIFYING INDIVIDUAL

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE

CERTIFICATION BY A NOTARY PUBLIC IS NOT ACCEPTABLE.

# INSTRUCTIONS FOR COMPLETING AN FHA TRANSACTION REQUEST

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## PURPOSE

You may use this form to request changes to any of the following information for your HUD account:

- name,
- address,
- taxpayer identification number,
- telephone number, or
- direct deposit information.

You may also use this form to request the consolidation of two or more HUD accounts into a single HUD account.

## IMPORTANT NOTICES

This form cannot be used to transfer debentures.

Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and print clearly in ink only.

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## HUD ACCOUNT IDENTIFICATION

Provide your HUD ACCOUNT NUMBER and ACCOUNT NAME. You will find this information on your HUD Statement of Account.

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## TRANSACTIONS REQUESTED

### NAME CHANGE (See CERTIFICATION instruction)

Check this box to change the name that currently appears on your account. Provide the complete account name as it should appear. You may not use this form to remove the first-named owner from your account, but you may use this form to add or remove the name of a second owner or beneficiary.

### TAXPAYER IDENTIFICATION NUMBER CHANGE (For correction only)

Check this box to correct the taxpayer identification number that currently appears on your account. Provide the correct number for the first-named owner.

### DIRECT DEPOSIT INFORMATION CHANGE (Signature certification required)

Check this box to change the direct deposit information that currently appears on your account. Provide the complete direct deposit information as it should appear, including:

- ROUTING NUMBER (your financial institution's ABA identifying number)
- FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be sent)
- ACCOUNT NUMBER (the account number at your financial institution)
- ACCOUNT TYPE (checking or savings)
- ACCOUNT NAME (the name as it appears on the account at your financial institution)
- If both the HUD account and the receiving financial institution account are in the names of individuals then at least one of the individuals named on the HUD account must be named on the deposit account at the receiving financial institution.

### CONSOLIDATION OF HUD ACCOUNTS

Check this box to consolidate two or more of your HUD accounts. All HUD accounts to be consolidated must have the same name, address, taxpayer identification number and direct deposit instructions. Provide the number(s) of the account(s) from which debentures are to be moved.

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## AUTHORIZATION

Sign and date the request form. Identification may be required. If this account is jointly owned (i.e., John Smith and Mary Smith), both owners must sign the request. If you are requesting a change to a social security number, this form must be signed by the first-named owner (whose social security number is shown) or accompanied by IRS Form W-9 completed by the first-named owner. If the IRS has notified you that you are subject to backup withholding and you have not received notice from the IRS that backup withholding has terminated, you should strike out the language certifying that you are not subject to backup withholding.

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## CERTIFICATION

Certification of your signature is required if you add or delete a beneficiary or second owner or if you change the direct deposit information. Acceptable certifying individuals include authorized employees of insured depository institutions and corporate central credit unions. Certification by a notary public is not acceptable. All other transactions do not require that your signature be certified.

## SUBMISSION

You will receive a HUD Statement of Account after your transaction has been processed.

Submit this request to:	Bureau of the Fiscal Service Special Investments Branch 200 Third Street P.O. Box 396 Parkersburg, WV 26102-0396	■	Telephone Number: (304) 480-5299 Fax Number: (304) 480-5277 E-Mail Address: <a href="mailto:SLGS@fiscal.treasury.gov">SLGS@fiscal.treasury.gov</a>
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## CONFIRMATION OF THE TRANSACTION

### NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 10 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 above in the submission instructions.**