

# 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

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DISASTER ASSISTANCE  
**DAIP**  
IMPROVEMENT PROGRAM

**DisasterAssistance.gov**  
ACCESS TO DISASTER HELP AND RESOURCES

# Payment



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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

DISASTER ASSISTANCE  
**DAIP**  
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