

Direct Deposit Sign-Up Form



IMPORTANT: Follow instructions in filling out this form. Making any false, fictitious, or fraudulent claim or statement to the United States is a crime and may be prosecuted. Print in ink or type all information.

Check one or both boxes: Interest payments Redemption payments

Check this box if the address furnished below should NOT be used to update HH and H accounts.

Name (or names if joint account) _____

Home Address _____
(Number and Street, Rural Route, or PO Box) (Daytime Telephone Number)

(City) (State) (ZIP Code) (E-mail Address)

(Social Security Number) OR (Employer Identification Number)

Enter the following information:

Bank Routing No. (nine digits and begins with 0, 1, 2, or 3): _____

(Depositor's Account No.) Type of Account Checking Savings

(Financial Institution's Name) (Financial Institution's Phone No.)

For a joint account, only the person whose Taxpayer Identification Number is shown should sign the form.

Under penalty of perjury, I certify that:

1. The Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, **and**
2. I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Instructions - You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

(Date)

INSTRUCTIONS: Complete and sign this form to request direct deposit of either a redemption payment for any series savings bond or interest payments of Series HH or Series H savings bonds. **Unless otherwise notified, the address and direct deposit information furnished will be updated on all HH and H accounts under the Taxpayer Identification Number provided.**

WHERE TO SEND – Unless otherwise instructed, send the completed and signed form and, **if applicable, the properly signed and certified bond(s)**, as well as any other appropriate forms and evidence, to Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150 (phone: 844-284-2676—toll free). **Note:** Legal evidence or documentation you submit cannot be returned.

NOTICE UNDER 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, the 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 public debt; 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 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 "WHERE TO SEND."**