



MetroBank
Moving You Forward

CHANGE PAYROLL/DIRECT DEPOSIT

DATE

EMPLOYER/DEPOSITOR'S NAME

STREET ADDRESS

CITY, STATE ZIP

TO WHOM IT MAY CONCERN:

I recently changed banks and request that my automatic deposit be switched to my new account at METRO BANK. My information is as follows:

Please deposit MY ENTIRE PAYCHECK \$ _____ (amount) or

Part of my PAYCHECK \$ _____ (amount)

FINANCIAL INSTITUTION NAME: METRO BANK

BANK ROUTING NUMBER: 061121122

ACCOUNT NUMBER: _____

IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST, PLEASE CONTACT ME AT: _____

Sincerely,

Signature

Name (please print)

INFORMATION YOUR EMPLOYER MAY NEED (SSN, EMPLOYEE ID)

Street Address

City, State, Zip



Sign-Up Form for Direct Deposit of Federal Benefit Payments

FMS Form 1200 (July 2006)

OMB No. 1510-0007

You may also sign up online today at www.GoDirect.org
or call **Go Direct** toll free at 1 (800) 333-1795

(for social security, railroad retirement board, or civil (non-military)
retirement payments only).

DIRECTIONS

Please read the information on page 2 before completing this form. **You must complete boxes A, B, C and D.**

Only complete this form to sign up for direct deposit if you are an individual, or a representative payee of an individual, who receives checks for the following types of federal benefits: **social security, supplemental security income, railroad retirement, or civil (non-military) retirement.** If you currently receive your payment by direct deposit you may not use this form. Please refer to page 2 for further instructions.

A. FEDERAL BENEFIT RECIPIENT INFORMATION

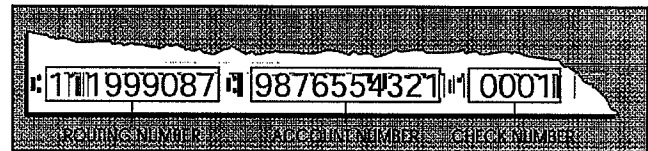
(print name[s] and address exactly as they appear on your benefit check)

NAME OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)		
REPRESENTATIVE PAYEE? YES <input type="checkbox"/> (If yes, enter name at right) NO <input type="checkbox"/>	NAME OF REPRESENTATIVE PAYEE	
ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER () -		
SOCIAL SECURITY NUMBER OF PERSON ENTITLED TO GOVERNMENT BENEFITS (BENEFICIARY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE (name[s] on account)	
ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	**9-DIGIT ROUTING NUMBER (see sample check below)
**ACCOUNT NUMBER (see sample check below; do not include check number)	

**You may also attach a voided personal check. If you are depositing into a savings account, you may need to contact your financial institution to obtain the routing and account numbers.



SAMPLE CHECK (bottom left corner) →

C. TYPE OF PAYMENT (check only one) You must complete a separate form for each type of federal payment.

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	CLAIM NUMBER <input type="text"/>	OR	In order to process your request, either the claim number (found on documents from your paying agency) or the check number from your list payment (found in the upper right-hand corner of your Treasury check) must be entered at left.
<input type="checkbox"/> RAILROAD RETIREMENT (specify below)	<input type="checkbox"/> CIVIL (NON-MILITARY) RETIREMENT (specify below)			
Annuity benefit <input type="checkbox"/> Unemployment survivor benefit <input type="checkbox"/>	Retirement annuity <input type="checkbox"/> Survivor annuity <input type="checkbox"/>	AMOUNT OF YOUR MOST RECENT PAYMENT AND \$ <input type="text"/> . <input type="text"/>		You must also enter the amount of your last payment.

For military, federal salary, veterans benefits or other federal payments not available through Go Direct, please contact the paying agency (see page 2 for a partial list of paying agencies).

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part B above, to be deposited into the account above.	
SIGNATURE	DATE

FOR JOINT ACCOUNT HOLDERS	
I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.	
SIGNATURE	DATE

Be sure to complete all sections of this form. Otherwise, the form cannot be processed. Return the completed form to:

**Go Direct Processing Center
U.S. Department of the Treasury
P.O. Box 650527
Dallas, TX 75265-0527**

This form is only to be used for switching from check payments to direct deposit of certain federal benefits listed in Box C. Use of this form for any other purposes will result in the form being rejected.

Contact your paying agency to:

- Update your name or address
- Change your account information if you already receive your payment by direct deposit, or
- Sign up for direct deposit for military, federal salary, veterans benefits, or other federal payments not processed by *Go Direct*.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury		15-51 000						
	<table border="1" style="font-size: small;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td>08</td><td>31</td><td>84</td></tr> </table>	Month	Day	Year	08	31	84	AUSTIN, TEXAS
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A								
F								
NOT NEGOTIABLE								
⑈00000518⑈ 041571926⑈								

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.