

INSTRUCTIONS FOR COMPLETING THE  
"DIRECT DEPOSIT SIGN-UP FORM"

**Do not change any pre-printed information on the form**

SECTION 1 information to complete:

- A. Your Name, Address and Telephone Number.
- B. Leave "B" blank.
- C. Write your Social Security Number in "C".
- D. Write the amount of the premium in "G":
  - Option A \$11
  - Option B \$15
  - Option C \$16
  - Option D \$15

Sign and date the form on the left under "PAYEE/JOINT PAYEE CERTIFICATION".

**Take or send the original form to your payroll office.**

Make a copy of the form and mail it with your application to:

Mass Benefits Consultants, Inc.  
P.O. Box 828  
Annandale, VA 22003-0828

Any questions? Call toll-free 1-800-221-3083

# DIRECT DEPOSIT SIGN-UP FORM

## DIRECTIONS

\* To sign up for Direct Deposit, the payee is to fill in the information requested in Sections 1 and 2. Then take or mail the form to your payroll office.

\* A separate form must be completed for each type of payment to be sent by Direct Deposit.

\* The claim number and type of payment are printed on Government checks. This information is also stated on the beneficiary/annuitant award letters and other documents from the Government agency.

\* Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		
ADDRESS (street, route, P.O. Box, etc.)		
CITY STATE ZIPCODE		
TELEPHONE NUMBER AREA CODE		
B NAME OF PERSON(S) ENTITLED TO PAYMENT		
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		
<p style="text-align: center;"><b>PAYEE/JOINT PAYEE CERTIFICATION</b></p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form, I authorize my payment be sent to the financial institution named below to be deposited to the designated account.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature _____</td> <td style="width: 30%; border: none;">Date _____</td> </tr> </table>	Signature _____	Date _____
Signature _____	Date _____	

D TYPE OR DEPOSITOR ACCOUNT CHECKING SAVINGS <p style="text-align: center;">X</p>										
E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">7</td> </tr> </table>	7	0	0	3	3	3	0	7		
7	0	0	3	3	3	0	7			
<p>F TYPE OF PAYMENT (Check only one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Social Security</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Supplemental Security Inc</td> <td style="border: none;"><input type="checkbox"/> Mil. Active _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Railroad Retirement</td> <td style="border: none;"><input type="checkbox"/> Mil. Retired _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Civil Service Retire (OPM)</td> <td style="border: none;"><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> VA Compensation or Pension</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Social Security	<input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Inc	<input type="checkbox"/> Mil. Active _____	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retired _____	<input type="checkbox"/> Civil Service Retire (OPM)	<input type="checkbox"/> Mil. Survivor _____	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____
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G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY TYPE      CHECKING                      AMOUNT \$										

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION  UNITED BANK 4230 John Marr Drive ANNANDALE, VA 22003	ROUTING NUMBER                      CHECK DIGIT  <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">5</td> </tr> </table>	0	5	6	0	0	4	4	4	5
0	5	6	0	0	4	4	4	5		
	DEPOSITOR ACCOUNT TITLE MASS BENEFITS CONSULTANTS, INC.									
<p style="text-align: center;"><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-name financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209 and 210.</p>										