

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 \$12  
Option B \$14  
Option C \$15  
Option D \$16

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 <div style="text-align: center;">X</div>								
E DEPOSITOR ACCOUNT NUMBER <div style="text-align: center;"> <table style="border: none;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">7</td> <td style="border: 1px solid black; padding: 2px 5px;">0</td> <td style="border: 1px solid black; padding: 2px 5px;">0</td> <td style="border: 1px solid black; padding: 2px 5px;">3</td> <td style="border: 1px solid black; padding: 2px 5px;">3</td> <td style="border: 1px solid black; padding: 2px 5px;">3</td> <td style="border: 1px solid black; padding: 2px 5px;">0</td> <td style="border: 1px solid black; padding: 2px 5px;">7</td> </tr> </table> </div>	7	0	0	3	3	3	0	7
7	0	0	3	3	3	0	7	
F TYPE OF PAYMENT (Check only one) <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 _____								
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="border: none;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">0</td> <td style="border: 1px solid black; padding: 2px 5px;">5</td> <td style="border: 1px solid black; padding: 2px 5px;">6</td> <td style="border: 1px solid black; padding: 2px 5px;">0</td> <td style="border: 1px solid black; padding: 2px 5px;">0</td> <td style="border: 1px solid black; padding: 2px 5px;">4</td> <td style="border: 1px solid black; padding: 2px 5px;">4</td> <td style="border: 1px solid black; padding: 2px 5px;">4</td> <td style="border: 1px solid black; padding: 2px 5px; margin-left: 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>										