Bank Account Setup: Instructions for Completing SF 1199A Direct Deposit Sign-Up Form

May 2010

Sections 1 and 2: Must be completed by the **appropriate school official.**

Section 3: Must be completed by the **school's bank**.

The completed form must be returned to the U.S. Department of Education accompanied by a cover letter, on school (or Payee) letterhead, which includes the following:

- Request the bank account setup
- Payee DUNS Number
- E-mail address for the individual to receive automated notification
- Original signature and telephone number of the individual making the request

A. Enter:
- School Name
- School Address
- School Phone Number

B. Enter:
- Name of School Official and title

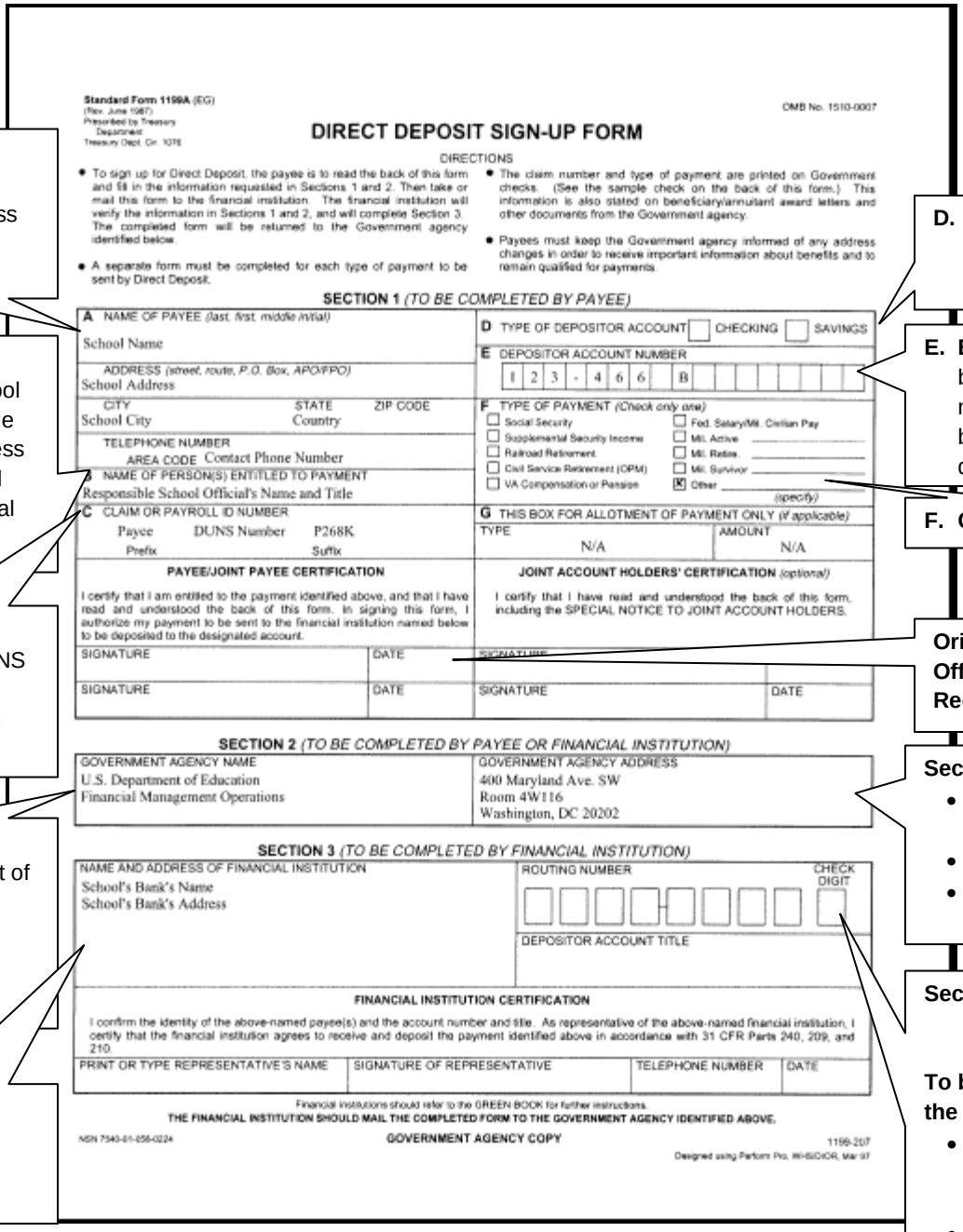
This should be Business Officer/Chief Financial Officer or similar official

C. For Prefix Enter:
- School's DUNS Number

For Suffix Enter:
- P268K

Section 2. Enter:
- U.S. Department of Education
- Financial Management Operations

Section 3. Entire Section:
To be completed by school's bank



Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- 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. (See the sample check on the back of this form.) This information is also stated on 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 to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*
School Name

ADDRESS *(street, route, P.O. Box, APO/FPO)*
School Address

CITY: School City | STATE: Country | ZIP CODE:

TELEPHONE NUMBER
AREA CODE: Contact Phone Number

B NAME OF PERSON(S) ENTITLED TO PAYMENT
Responsible School Official's Name and Title

C CLAIM OR PAYROLL ID NUMBER
Payee DUNS Number P268K
Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER
1 2 3 - 4 6 6 B

F TYPE OF PAYMENT *(Check only one)*
☐ Social Security
☐ Supplemental Security Income
☐ Railroad Retirement
☐ Civil Service Retirement (OPM)
☐ VA Compensation or Pension
☐ Fed. Salary/Mil. Civilian Pay
☐ Mil. Active
☐ Mil. Retire.
☐ Mil. Survivor
☒ Other
(specify)

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*
TYPE: N/A | AMOUNT: N/A

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE | DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE | DATE

SIGNATURE | DATE

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
U.S. Department of Education Financial Management Operations	400 Maryland Ave. SW Room 4W116 Washington, DC 20202

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION
School's Bank's Name
School's Bank's Address

ROUTING NUMBER | CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named 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.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-056-0224 **GOVERNMENT AGENCY COPY** 1199-207

Designed using Perform Pro, WHSDOR, Mar 97

D. Check: Appropriate account type

E. Enter: School's bank account number, including blanks and dashes

F. Check: Other

Original School Official's Signature Required

Section 2. Enter:
- 400 Maryland Ave, SW
- Room 4W116
- Washington, DC 20202

Section 3. Routing Number

To be completed by the school's bank
- If Non-U.S. bank, enter SWIFT Number
- If U.S. bank, enter Routing Number