

**Instructions for Completion of the
DIRECT DEPOSIT SIGN-UP FORM (SF-1199A)**

(Please Read This Carefully)

OVERVIEW

What is the purpose of this form?

[For Department of Health & Human Services \(DHHS\) Grant Recipients](#)

It collects the information necessary for the Payment Management System (PMS) to have Federal funds electronically deposited into the recipient's bank account.

[For NON-DHHS Grant Recipients](#)

Grant Recipients must have established, active accounts in the Payment Management System (PMS) in order to request authorized funds. The accounts are established in PMS once the completed **SF-1199A** and **Payment Management System Access** forms have been received by DPM. It is the responsibility of the Awarding Agency to provide the requisite **Direct Deposit Sign-Up Form** (SF-1199A) and DPM's **Payment Management System Access Form** to the grantee for completion. It is also the Awarding Agency's responsibility to ensure the accuracy of the forms' information prior to forwarding them to DPM for processing.

Who must complete this form?

[For Department of Health & Human Services \(DHHS\) Grant Recipients](#)

SF-1199A: Sections 1 and 2 are to be completed by the recipient. Section 3 is to be completed by the recipient's financial institution.

[For NON-DHHS Grant Recipients](#)

SF-1199A - *Section 1* is to be completed by the grant recipient. *Section 2* is to be completed by the Awarding Agency. *Section 3* is to be completed by the recipient's financial institution.

Who must disseminate copies of this form?

[For Department of Health & Human Services \(DHHS\) Grant Recipients](#)

The recipient's financial institution is responsible for disseminating copies of the three-part form in accordance with the copy designation stamped at the foot of the form. The "Government Agency Copy" will be forwarded to the Division of Payment Management. The "Payee(s) Copy" will be forwarded to the recipient. The "Financial Institution Copy" will be kept by the recipient's financial institution.

[For NON-DHHS Grant Recipients](#)

The Awarding Agency should retain *copies* of the SF-1199A and Contact Information forms. The financial institution will retain its copy of the SF-1199A. Both originals must be mailed to the Awarding Agency.

What if some of the information changes (banking or contact information)?

[For Department of Health & Human Services \(DHHS\) Grant Recipients](#)

The recipient must obtain and complete a new SF-1199A. Blank forms are available on the DPM website at <http://www.dpm.psc.gov> and should be available at the recipient's financial institution as well. Once all sections are completed, please include a cover memo stating that the accompanying SF-1199A form is being submitted to change account information in the Payment Management System. The memo should list all the Payee Account Numbers (PANS) that are affected.

Send to:

Regular Mail Only

HHS/PSC/Division of Payment Management, Post Office Box 6021, Rockville, MD 20852

Express Mail Only

HHS/PSC/Division of Payment Management, 7700 Wisconsin Avenue, Suite 920, Bethesda, MD 20814

[For NON-DHHS Grant Recipients](#)

The recipient must obtain and complete a new SF-1199A. Blank forms are available on the DPM website at <http://www.dpm.psc.gov> and should be available at the recipient's financial institution as well. Once all sections are completed, please include a cover memo stating that the accompanying SF-1199A form is being submitted to change account information in the Payment Management System. The memo should list all the Payee Account Numbers (PANS) that are affected. **All information should be forwarded to your Awarding Agency.**

Who must complete the DPM Payment Management System Access Form?

Form must be completed and accompany the SF-1199A for “each” individual who wants to gain access to the Payment Management System. Form should accompany the SF-1199A. Forms should also be submitted for personnel changes and/or deletion.

ADDITIONAL INFORMATION

- The back of the SF-1199A must be read carefully before signatures are made.
- All information is to be typed or printed in ink on the SF-1199A.
- All signatures must be original and in ink.
- Alterations such as erasures, correction fluid and strike-outs are unacceptable and will invalidate the form.
- All data elements on the SF-1199A must be completed unless a blank is indicated.
- The SF-1199A can not be faxed
- Payment Management Access Form must have signature in order to be valid

Section 1 (To be Completed by Payee)

- A. **TYPE OR PRINT YOUR ORGANIZATION'S NAME, ADDRESS AND TELEPHONE NUMBER.** Do not enter an individual's name in this block. Forms containing white out or any alterations to the payee name are unacceptable.
- B. **LEAVE BLANK.**
- C. **Claim or Payroll ID Number:** The form cannot be processed without this information. **This is your organization's 12-digit Central Registry (CRS)/Entity Identification Number (EIN) or your organization's 9-digit Tax Identification Number (TIN).** For DHHS Grant Recipients, this number is also found on your Notice of Grant Award (NGA) issued by the DHHS awarding agency.
- D. Check type of Bank account "**Checking**" or "**Savings**".
- E. **TYPE THE ACCOUNT NUMBER** at your Financial Institution to which the funds will be "Direct Deposited". Do not use white out or make any alterations to the account number.
- F. Check the box "**Other**" and type the name of the awarding Federal agency.
- G. Leave blank.

Payee Account Holder's Certification: The individual(s) having signature authority for the bank account should sign and date.

Other Required Information: At The Top Right Hand Corner, Please Type "Duns" Followed By Your Organizations Duns Number (Dun And Bradstreet Number)

Section 2 (To be Completed By Payee)

For DHHS Grant Recipients: Type or print "Division of Payment Management" & the address "Post Office Box 6021, Rockville, Maryland 20852"

For Non-DHHS Grant Recipients: Awarding Agency Information

Section 3 (To be completed by your Financial Institution)

The bank's representative must sign the form and provide a telephone number for contact purposes. The depositor account title must be filled in and should match the payee name in most cases. Maintain the payee(s) copy for your records. Note: If "ALL" portions of this section are not completed, this will cause a delay in your organization being established in PMS.

DIRECT DEPOSIT SIGN-UP FORM

DUNS # _____

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 number and type of payment are printed on Government Form 1099 (5 lines) (see back of this form). This information is used to determine beneficiary/annuitant award letters and other payments 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 (<i>last, first, middle initial</i>) ABC Corporation, Inc.		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) 123 ABC Street – Suite 123		E DEPOSITOR ACCOUNT NUMBER 1 2 3 4 5 - 0 1 2 3	
CITY Anywhere	STATE US	F TYPE OF PAYMENT (<i>Check only one</i>)	
ZIP CODE 12345	TELEPHONE NUMBER	<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Reserve _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other <u>Dept of _____</u> (<i>specify</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT Leave Blank		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER Type/Print 9-Digit Tax ID #		TYPE N/A	AMOUNT
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.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE ABC Corporation Representative	DATE 00-00-00	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

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

GOVERNMENT AGENCY NAME Awarding Agency Information & Contact Person	GOVERNMENT AGENCY ADDRESS Awarding Agency Address
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION ABC Bank Name 123 Bank Street Bank, US 99999		ROUTING NUMBER 1 2 3 4 5 6 7 8 9	CHECK DIGIT
DEPOSITOR ACCOUNT TITLE ABC Corporation, Inc.		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 ABC Bank Name Representative	SIGNATURE OF REPRESENTATIVE ABC Bank Name Representative	TELEPHONE NUMBER (123) 555-0987	DATE 00-00-00

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.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, 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 the 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 ¹⁵⁻⁵¹/₁₀₀₀
AUSTIN, TEXAS
Check No. 0000 - 4157815
Month Day Year
08 31 84
Pay to the order of
29-693-775-00 C
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543
28 28
VA COMP
DOLLARS CTS
\$ ****100*00
NOT NEGOTIABLE
@000000516: 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 canceled 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 the 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.