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<p>PAYEE/JOINT PAYEE CERTIFICATION</p> <p>, F H U W L I \ W K D W , D P H Q W L W O H G W R W K H S D \ P H Q W G H Q W K D W H G B E R Y H U B D G W G W Q C P M W R</p> <p>U H D G D Q G X Q G H U V W R R G W K H E D F N R I W K L V Q R O P G L Q J W K H Q B G (& W K U 2 7 I R U P 2 ; 2 , 1 7 \$ & & 2 8 1 7</p> <p>D X W K R U L J H P \ S D \ P H Q W W R E H V H Q W W R W K H I L Q D Q F L D O L Q V W L W X W L R Q Q D P H G E H O R Z</p> <p>W R E H G H S R V L W H G W R W K H G H V L J Q D W H G D F F R X Q W</p>	<p>JOINT ACCOUNT HOLDERS' CERTIFICATION R S W L R Q D O</p>

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SECTION 3 72 % (& 203 / (7 (' % <) , 1 \$ 1 & , \$ / , 1 6 7 , 7 8 7 , 2 1

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<p>FINANCIAL INSTITUTION CERTIFICATION</p> <p>, F R Q E @ ` ` 0 p ` ò ! ... r 3 \$ E H i % € @ " V , • ` Ä @ p € P € 0 2) 5 (3 5 (6 (1 7 \$ 7 , 9 (</p>	
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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 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, Records Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

PRIVACY ACT NOTICE

Collection of the information in this Direct Deposit Sign-Up form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.

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 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.
- (F) Type of payment is printed to the left of the amount.

United States Treasury ¹⁵⁻⁵¹ <small>000</small> KANSAS CITY, MO		Check No. 0000 415785						
<table border="1"> <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	Pay to the order of JOHN DOE 123 BRISTOL STREET HAWKINS BRANCH TX 76543	28 28 VA COMP
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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.