Direct Deposit – Military Online Form

Service Federal Credit Union Corporate Offices
Stateside: P.O. Box 1268, Portsmouth, NH 03802 | 800.936.7730
Overseas: Unit 3019, APO AE 09021-3019 | 00800.4728.2000

Please complete this form and take it to your local finance office. You can also sign up for direct deposit with Service Federal Credit Union by using https://mypay.dfas.mil/mypay.aspx

Section 1

A) NAME OF PAYEE (last, first, middle initial)

ADDRESS (street, route, P.O. Box, APO/FPO

CITY STATE ZIP CODE

TELEPHONE NUMBER

B) NAME OF PERSON(S) ENTITLED TO PAYMENT

C) CLAIM OR PAYROLL ID NUMBER

Prefix Suffix

D) TYPE OF DEPOSITOR ACCOUNT Checking Savings

E) DEPOSITOR ACCOUNT NUMBER

F) TYPE OF PAYMENT (check one only)

- Social Security
- Supplemental Security Income
- Railroad Retirement
- Civil Service Retirement (OPM)
- VA Compensation
- Fed Salary/Military/Civilian Pay
- Military Active
- Military Retired
- Military Survivor
- Other

G) THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE 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.

SIGNATURE **DATE**

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

GOVERNMENT AGENCY NAME

GOVERNMENT AGENCY ADDRESS

Section 3

NAME AND ADDRESS OF FINANCIAL INTITUTION

Service Federal Credit Union
P.O. Box 1268
3003 Lafayette Road
Portsmouth, NH 03802-1268

ROUTING NUMBER **CHECK DIGIT**

21148965 **6**

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As a 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 / TYPE REPRESENTATIVE NAME	SIGNATURE OF REPRESENTATIVE	EMAIL ADDRESS	TELEPHONE	DATE

Direct Deposit – Military Online Form

Service Federal Credit Union Corporate Offices
Stateside: P.O. Box 1268, Portsmouth, NH 03802 | 800.936.7730
Overseas: Unit 3019, APO AE 09021-3019 | 00800.4728.2000

(Back)

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, 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.

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.

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.