

## Instructions For Completing DIRECT DEPOSIT SIGN-UP FORM (SF 1199A)

**What is the purpose of this form?**

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

**Where can I obtain this form?**

The form can be obtained through your local financial institution or through the internet at:

[http://www.census.gov/hrd/www/new\\_emp/sf1199a.pdf](http://www.census.gov/hrd/www/new_emp/sf1199a.pdf)

**Who must complete this form?**

The recipient must complete Sections 1 and 2. The recipient's financial institution must complete Section 3.

**Who must disseminate copies of this form?**

The Corporation for National and Community Service will process completed forms. After sections 1,2 and 3 have been completed you should mail the form to the address listed on the letter detailing the data needed for new grant recipients.

**What if some of the information changes?**

If any of the data on the completed 1199A changes, the recipient must obtain and complete a new 1199A.

**DIRECTIONS:** *Please read the 1199A carefully before signing the form. All of the information should be typed or printed on the 1199A, with the exception of signatures. Alternations such as erasures, correction fluid, and strikeouts are unacceptable and will invalidate the form. All data elements on the 1199A must be completed unless a blank is indicated.*

• **SECTION 1**

<b>A. NAME OF PAYEE, ADDRESS, CITY, STATE, ZIPCODE, TELEPHONE NUMBER</b>	Type or print your organization's name, address, and business office telephone number (including area code). <b>Do not enter an individual's name.</b>
<b>B. NAME OF PERSON(S) ENTITLED TO PAYMENT</b>	Type or print your organization's name.
<b>C. CLAIM OR PAYROLL ID NUMBER</b>	Type or print your organization's 9-digit Employee Identification Number (EIN) or Tax Identification Number (TIN) that is issued by the Internal Revenue Service.
<b>D. TYPE OF DEPOSITOR ACCOUNT</b>	Check the appropriate type of account.
<b>E. DEPOSITOR ACCOUNT NUMBER</b>	Type or print the account number at your financial institution into which the Corporation will authorize the U.S. Treasury to "direct deposit" funds.
<b>F. TYPE OF PAYMENT</b>	Check "Other" and indicate "grant payment."
<b>G. THIS BOX FOR ALLOTMENT OF PAYMENT</b>	Leave this box blank.

**PAYEE/JOINT PAYEE CERTIFICATION** – Enter signatures of person(s) authorized to request funds and who is accountable for the disbursement of those funds, generally this is the head of the Finance Department, CFO, or Treasurer.

**JOINT ACCOUNT HOLDERS' CERTIFICATION** – This is not applicable

• **SECTION 2**

<b>GOVERNMENT AGENCY NAME</b>	<b>Corporation for National and Community Service</b>
<b>GOVERNMENT AGENCY ADDRESS</b>	<b>1201 New York Ave, N.W. Washington, D.C. 20525</b>

• **SECTION 3**

All portions of the Section should be completed by the recipient's financial institution representative. The depositor account title must be filled in and should match the payee name in most cases.