



## 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:

United States Treasury <sup>15-51</sup>/<sub>000</sub>  
AUSTIN, TEXAS  
Check No. 0000 4157185  
Month Day Year  
08 31 84  
20-893-775 -00  
Pay to the order of JOHN DOE  
123 BRISTOL STREET  
HAWKINS BRANCH TX 76543  
28 28  
VA COMP  
DOLLARS 078  
\$ \*\*\*100\*\*00  
NOT NEGOTIABLE  
@000000518: 04157192E\*

(A) Be sure that 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.

### 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 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.

Instructions for Completing SF 1199A  
(Please Read This Carefully)

**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 handwritten changes to the payee name are unacceptable.
- B. **Do not enter an individual's name in this field.** Leave field blank or enter the name of the organization.
- C. **Mandatory Field** – The form cannot be processed without this information: Enter your Federal Employer Identification Number. This is your **9-digit** tax ID number, issued by the IRS. Do not enter a tax-exempt number in this field.
- D. Check type of Bank account: "Checking" or "Savings."
- E. The account number at your Financial Institution to which the funds will be "Directly Deposited." Do not use white-out or make any changes to the account number.
- F. This box has already been completed by the U.S. Geological Survey (USGS)
- G. Leave blank.

The individual(s) having signature authority for the bank account should sign and date Section 1 on the left side.

**Section 2: To be completed by the payee or financial institution**

**This section has already been completed by the USGS. You are not required to complete Section 2.**

**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.** Please maintain a copy for your records.

***Please mail SF-1199A and Contact Information form to the address below:***

*U.S. Geological Survey  
Office of Acquisition and Grants, NAPB  
Attn: Monti Kommarasy  
12201 Sunrise Valley Dr., MS-205G  
Reston, VA 20192*

**CONTACT INFORMATION**

**Primary Contact**

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**Title**

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**Phone Number**

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**Email Address**

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**Mailing Address**

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**Alternate Contact**

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**Phone Number**

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**Email Address**

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