DIRECT DEPOSIT SIGN-UP FORM

- To sign up for direct deposit, fill in the information requested in Sections 1 and 2. The CLAIM NUMBER and TYPE OF PAYMENT are printed on Government Send the completed form to the FMA National Office at: 1641 Prince Street, Alexandria, VA 22314
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- checks (SEE SAMPLE ON PAGE 2). This information is also stated on beneficiary/annuitant award letters and other documents.
- Payee must keep the Government agency informed of any address changes to receive important information about benefits and remain qualified for payment.

	SECTION	1 (TO BE 0	COMPL	ETEI	D BY	Y PA	YE	E)									
A NAME OF PAYEE (<i>last, first, n</i>	D TYPE OF DEPOSITOR ACCOUNT: CHECKING X SAVINGS																
ADDRESS (street, route, PO Bo	E DEPOSIT <u>OR ACCOUNT NUMBER:</u>																
	2075005199606																
CITY S	IP CODE	F TVD					711	. 1									
			F TYPI	2 OF I	AI	MEN	1 (0	леск	oniy	one):	•						
TELEPHONE NUMBER (area o	Social Security Fed. Salary/Mil. Civilian Pay Supplemental Security Income Mil Active Railroad Retirement Mil. Retire																
B NAME OF PERSON(S) ENTITI Federal Managers Association F	Civil Service Retirement (OPM) X Other (<i>please specify</i>): VA Compensation or Pension Political Action Committee Donation																
C CLAIM OR PAYROLL ID NUN	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY:																
Prefix: S	uffix:		TYPE:						· ·	AMO	UNT:						
PAYEE/JOINT PAYEE CI I certify that I am entitled to the payn that I have read and understood the b In signing this form I authorize my pa financial institution named below to I designated account.	nent identified abov ack of this form (pa ayment to be sent to	ve, and age 2).	I cert (page	ify that 2), ind OUNT	t I hav cludin	ve rea	ad and SPE	d unde	erstoo	d the l	back o	f this f	· •	tional)			
SIGNATURE	DATE			SIGNATURE								DATE					
SIGNATURE	TATURE DATE				SIGNATURE								DATE				
SECTION 2	(TO BE COMI	PLETED BY	Y PAYE	E OR	R FIN	NAN	ICIA	AL II	NST	ITUT	ΓΙΟΝ	Ð					
GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS:																
SECT	ION 3 (TO BE	COMPLET	ED BY	FINA	NC	IAL	INS	атт	UTI	ON)							
NAME OF FINANCIAL INSTITUTION:				IG NI	JMB	ER:				-		I T					
Wachovia			0	5	1	4		0	0	5	4		9				
330 North Washington Street				DEPOSITOR ACCOUNT TITLE:													
Alexandria, Virginia 22314	Federal Managers Association Political Action Committee																
I confirm the identity of the above-name the financial institution agrees to receive	d payee(s) and the		r and title.	As rep	resen	tative	e of tl						tution,	I certify			
PRINT OR TYPE REPRESENTAT	IVE'S NAME	SIGNATU	RE OF RI	EPRES	SENT	[AT]	IVE	TEL	EPHO	ONE	NUM	BER	DA	TE			
THE FINANCIAL INSTITUTION			ETED FOR	М ТО	THE					GENC	Y IDE	NTIFI	ED AE	OVE 1199-207			

PAGE 2

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, 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. All information on this form, including the individual claim number, is required under 31 USC.

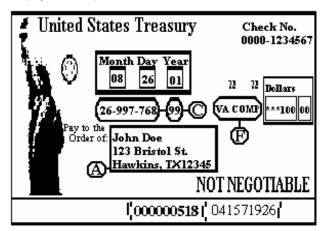
INFORMATION FOUND ON CHECKS

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

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.

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 transaction is complete, i.e. after the 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.