DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.

A separate form must be completed for each type of payment to be sent by Direct Deposit.

The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.

Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

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

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

CITY STATE ZIP CODE

TELEPHONE NUMBER AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

Prefix Suffix

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

SIGNATURE DATE

SIGNATURE DATE

F TYPE OF PAYMENT (Check only one)

☐ Social Security ☐ Fed. Salary/Mil. Civilian Pay

☐ Supplemental Security Income ☐ Mil. Active

☐ Railroad Retirement ☐ Mil. Retire.

☐ Civil Service Retirement (OPM) ☐ Mil. Survivor

☐ VA Compensation or Pension ☐ Other (specify)

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

TYPE AMOUNT

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME Pennsylvania Housing Finance Agency

GOVERNMENT AGENCY ADDRESS 211 North Front Street

Harrisburg, PA 17101

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As 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 OR TYPE REPRESENTATIVE’S NAME SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

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