

DIRECT DEPOSIT SIGN-UP FORM (Canada)

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

- Complete Section 1 and **"SIGN YOUR NAME"**
- Ask your bank to complete Section 3
- Mail completed form back using address in Section 2

SECTION 1 (TO BE COMPLETED BY PAYEE)

Name and Complete Mailing Address: 	- SOCIAL SECURITY CLAIM NUMBER - <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> Name of Person Entitled to the Benefits 										
Telephone Number:	THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Type</td> <td style="width: 30%;">Amount</td> </tr> </table>	Type	Amount								
Type	Amount										
PAYEE CERTIFICATION I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.	JOINT ACCOUNT HOLDER'S CERTIFICATION (optional) I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.										
Your Signature 	Date 										
Signature 	Date 										
This account is: <input type="checkbox"/> My own account <input type="checkbox"/> A joint account											

SECTION 2 (MAILING ADDRESS)

GOVERNMENT AGENCY NAME: SOCIAL SECURITY ADMINISTRATION	MAIL COMPLETED FORMS TO: Social Security Administration Office of International Operations PO Box 17769 Baltimore, MD 21235-7769
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SECTION 3 (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION)

Name of Bank 	Bank Phone Number 	
Address of Bank 		
Print Name of Bank Official 	Signature of Bank Official 	
Canadian Dollar: <input type="checkbox"/> Checking <input type="checkbox"/> Savings U.S. Dollar: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
A) U.S. dollar account at Royal Bank of Canada RTN: 026004093 Transit Number: _____ (5 Digits, begins with a zero) Account Number: _____ (Must be 7 digits, begins with a 4 or 8, no dash)	B) U.S. dollar account at any other financial institution in Canada RTN: 62 Transit Number: _____ Institution Number: _____ Account Number: _____	C) Canadian dollar account at any financial institution in Canada RTN: 51 Transit Number: _____ Institution Number: _____ Account Number: _____

ALL: NO dashes, except Caisse Populaire 815 & 829 before 7th digit, 865 before 6th digit (which is always 2). POMS GN 02402.300.

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

Social Security benefits can be directly deposited in either your Canadian dollar account or your U.S. dollar account in Canada

The Information you give on this form is confidential. We need the information in order to send your monthly benefits directly into your account at the financial institution in Canada. With Direct Deposit, you will have immediate access to your money. Direct Deposit is the safest way of receiving your benefits. However, delays in direct deposit can occur when a payment date falls on a holiday in the country of the receiving bank.

HOW TO SIGN UP:

- 1: On the other side of this form, complete Sections 1 and 3. Remember to sign your name.
- 2: If you want your benefits sent to your U.S. dollar account, ask your bank to complete Section 3.A or 3.B.
- 3: If you want your benefits sent to your Canadian dollar account, ask your bank to complete Section 3.C
- 4: Mail the completed form in the envelope provided. Include a **voided check**, if possible.

INFORMATION ABOUT CURRENCY CONVERSION:

With Direct Deposit, your U.S. Social Security payment is automatically converted (if applicable) to the currency of the country in which your account is in at a good exchange rate a few days before your payment date.

****SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS****

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank **and** the Social Security Administration or the American Embassy or Consulate in your area. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security.

CHANGING BANKS OR BANK ACCOUNTS:

If you change your bank or your account, you must notify us by going to the nearest Social Security office or by contacting the following office below.

Social Security Administration
Office of International Operations
PO Box 17769
Baltimore, MD 21235-7769
USA

You may need to fill out a new International Direct Deposit sign-up form. **Do not close your old account until payments have started coming to your new account.**

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**