Treasury Dept. Cir. 1076

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

C CLAIM OR PAYROLL ID NUMBER
Prefix | Suffix

D TYPE OF DEPOSITOR ACCOUNT [X] CHECKING [ ] SAVINGS

E DEPOSITOR ACCOUNT NUMBER
4911425437

F TYPE OF PAYMENT *(Check only one)*

- [ ] Social Security
- [ ] Supplemental Security Income
- [ ] Railroad Retirement
- [ ] Civil Service Retirement (OPM)
- [ ] VA Compensation or Pension
- [ ] Fed Salary/Mil. Civilian Pay
- [ ] Mil. Active
- [ ] Mil. Retire
- [ ] Mil. Survivor
- [X] Other ALLOTMENT *(specify)*

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

TYPE: SAVINGS ESCROW | AMOUNT: $

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
x	
SIGNATURE: N.A.	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
N.A.	
SIGNATURE: N.A.	DATE

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

WELLS FARGO BANK
P.O. BOX 1786
EUGENE, OR. 97440

ROUTING NUMBER: 1210-0024 CHECK DIGIT: 8

DEPOSITOR ACCOUNT TITLE: NFFE ASSOCIATE MEMBER

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
Richard Axtell, Vice President	Richard Axtell	541-465-5613	10/22/99.

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.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-207

Enrollment Check List

☐ 1.) Enrollment form selected for the desired plan.
Dental Plan:_____

☐ 2.) If you have selected the optional vision plan make sure that is available in your area.

☐ 3.) Direct deposit 1199A payroll deduction form filled out and:
- ☐ Original copy sent to payroll.
- ☐ Copy sent to NWPA

☐ 4.) Your rates calculated from your selected plan(s) and your union affiliation and status:

Rates for NFFE Union member (biweekly):_____
If retired (monthly):_____
Rates for NFFE Associate member (biweekly):_____
If retired (monthly):_____

☐ 5.) Remember to check your forms for completeness. Including:
- Dentist selected
- Signed and dated form

☐ 6.) Your email address:_____
Work Phone#_____

☐ 7.) Mail all forms, including this checklist to:

Northwest Plan Administrators
1805 Tabor St.
Eugene, OR 97401
http:/www.nffedental.com