

# AUTHORIZATION FOR FEDERAL GOVERNMENT DIRECT DEPOSIT

Name of depositor (who is depositing to your account) \_\_\_\_\_

Depositor Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of Payee (beneficiary): \_\_\_\_\_

SS#, Claim# or Payroll ID # as appropriate: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

Type of Benefit:

Social Security     Civil Service Retirement     Railroad Retirement

SSI Income     VA Compensation or Pension     Fed Salary

Military \_\_\_\_\_ (active, retirement, survivor)     Other

I plan to     close     change my account # \_\_\_\_\_

at (name of old financial institution) \_\_\_\_\_ .

Effective immediately, I authorize direct deposit to my new     checking  
account     savings account # \_\_\_\_\_ at **Capital Bank**,

Routing # 061101100. I have attached a deposit slip to verify the new  
account information.

This authorization is to remain in effect until changed or cancelled by  
me in writing. I acknowledge I must allow the payment originator a  
reasonable opportunity to act on my notification.

Continue on back...

Payee Certification: I certify that I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to the financial institution named to be deposited to the designated account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Holders' Certification (optional): I certify that I am a joint account holder and that I must immediately advise both the Government agency and **Capital Bank** of the death of the payee or beneficiary. Funds deposited after the death of death or ineligibility, except for salary payments, are to be returned to the Governmental agency.

Financial Institution Certification: I confirm the identity of the above named payee(s) and the account number and routing number. As a representative of **Capital Bank**, I certify that **Capital Bank** agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209 and 210.

Printed Name of Representative of **Capital Bank**

\_\_\_\_\_

Signature of Representative of **Capital Bank**

\_\_\_\_\_

Phone number (      ) \_\_\_\_\_

Date \_\_\_\_\_