

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 date 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 \_\_\_\_\_