



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE CHIEF FINANCIAL OFFICER

September 7, 2017

Dear Recipient:

We have enclosed an SF 1199A, Direct Deposit Form, as requested. To facilitate the processing of your Direct Deposit Request, the Department requires a completed form, a cover letter written on the requesting payee's stationery letterhead requesting that we process the information as presented, and the award document (if necessary).

The completed Direct Deposit Form should include the following information:

- DUNS number (Block "C")
- Recipient name and address
- Contact person, phone number and signature
- Certified bank information and signature of bank official (include the depositor account title in section 3)

If you use a Servicer to draw funds on your behalf, you must inform the Department on your letterhead that a Servicer will be requesting your funds.

The cover letter (on official letterhead) should contain the following information:

- DUNS number
- E-mail address (if available) for the person to receive automated notification change
- Original signature and phone number of the person requesting the bank information

The award document is needed if this is the first time banking is being set-up in G5. One of the following award documents is needed:

- Grant Award Notification
- Program Participation Agreement
- Impact Aid Voucher

Mail both the cover letter and Direct Deposit Form to:

U.S. Department of Education
Office of the Chief Financial Officer
Financial Management Operations
550 12th Street, S.W., Room 6009
Washington, D.C. 20202-4328

If you have any questions regarding these instructions, please contact Sylvester Osineme at (202) 245-8081.

Sincerely,

A handwritten signature in black ink that reads "Gary H. Wood".

Gary H. Wood
Director
Financial Management Operations

550 12th St., S.W. WASHINGTON, DC 20202
www.ed.gov

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 (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	<input type="text"/>
TELEPHONE NUMBER		F TYPE OF PAYMENT (<i>Check only one</i>)	
AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER		TYPE AMOUNT	
Prefix Suffix			
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>)	
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.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
		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.



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Guidelines for completing Form SF1199A

Section 1 – To be Completed by Payee

ITEM A Name of payee	Enter the name and address of the payee's organization and also telephone number of person certifying the SF1199A
ITEM B Name of Person(s) Entitled to Payment	Enter the name of the person certifying the SF1199A.
ITEM C Claim or Payroll ID Number	Enter the following information <ul style="list-style-type: none">• Prefix: 9 digits D-U-N-S Number.• Suffix: 11 characters Grant Award Number (if no grant award number is available, CFDA can be used. e.g. P268K for Direct Loan)
ITEM D Type of Depositor	Place an "X" in the Appropriate box.
ITEM E Depositor Account	Enter the payee's account number at the financial institution in which funds are to be deposited. Include blanks or dashes when entering the account number.
ITEM F Type of Payment	Enter "X" in the "Other" box.
ITEM G Box for Allotment of Payment Only	Leave Blank

Section 2 – To be Completed by Payee or Financial Institution

Government Agency Name	Enter: Department of Education Financial Management Operations
Government Agency Address	Enter: 550 12th Street, SW Room 6087 Washington, D.C. 20202

Section 3 – To be Completed by Financial Institution

Your financial institution will enter the name and address, routing number, depositor account title and complete the certification section of the form.