

DIRECT DEPOSIT SIGN-UP FORM (AUSTRALIA)

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

Please make any necessary changes in Section 1A and complete Sections 2 and 3. Ask your bank for help with Section 3 if you have questions. Mail the completed form in the envelope provided. We need this information to send your U.S. Social Security payments electronically to your Australian dollar account at a financial institution in Australia,

SECTION 1 (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.)	SECTION 1A (If the address in Section 1 is not your correct address, please print your correct mailing address below.)
Social Security Claim Number Person Entitled to Payment	ADDRESS CHANGE

SECTION 2

PAYEE CERTIFICATION I certify that I have read and understand the message that came with 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 I certify that I have read and understand the message that came with this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
YOUR DAYTIME TELEPHONE NUMBER		This account is: My own account. A joint account.	

SECTION 3 (Ask your bank for help if you have questions.) This account must be in **Australian Dollars**.

NAME OF FINANCIAL INSTITUTION							
ADDRESS OF FINANCIAL INSTITUTION							
FINANCIAL INSTITUTION PHONE NUMBER							
BSB NUMBER							
ACCOUNT NUMBER							

MAIL THE COMPLETED FORM TO:
ITS, Federal Reserve Bank of New York
E. Rutherford Operations – 1st Floor
100 Orchard Street
East Rutherford, NJ 07073
USA