

DIRECT DEPOSIT SIGN-UP FORM**(Malta)****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. Ask your bank to complete Section 3. Mail the completed form in the envelope provided.

SECTION 1 If the address below is incorrect or is your bank's address, please complete Section 1A.	SECTION 1A If the address in Section 1 is incorrect or is your bank's 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 back of 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 back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
YOUR DAYTIME TELEPHONE NUMBER		This account is: <input type="checkbox"/> My own account <input type="checkbox"/> A joint account	

SECTION 3 (Ask your bank to complete this section.)**This account must be in Maltese liri .**

NAME OF BANK			
ADDRESS OF BANK			
BANK PHONE NUMBER		SIGNATURE OF BANK OFFICIAL	

Bank Code - Branch Code

		-				
--	--	---	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--

FOR FRBNY USE
DO NOT WRITE**MAIL THE COMPLETED FORM TO:**

International Treasury Services
 Federal Reserve Bank of New York
 East Rutherford Operations Ctr., 1st Floor
 100 Orchard Street
 East Rutherford, NJ 07073
 USA

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your Maltese lira bank account in Malta.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent through the Maltese banking system and will usually be in your bank account 3 days after the U.S. payment date. You can avoid waiting up to 15 working days for your check to clear. With direct deposit you will have immediate access to your money.

INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, You will not need to pay a fee to cash your check and convert your U.S. dollar payment to Maltese liri. A few days before the payment date, your U.S. Social Security payment is automatically converted at an interbank exchange rate, which is generally better than the rate offered by banks in Malta on that day.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank **and** the U.S. Social Security Administration. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security. As soon as we are advised of the death, if you are eligible to receive Social Security, we will determine whether your benefit amount will change and will send you any money that we owe you.

IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. Social Security Administration. If the Social Security Administration has to contact you and cannot locate you, your payments may be stopped.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify:

International Treasury Services
Federal Reserve Bank of New York
East Rutherford Operations Ctr., 1st Floor
100 Orchard Street
East Rutherford, NJ 07073
USA

OR

Social Security Administration
Office of International Operations
P.O. Box 17769
Baltimore, MD 21235-17769
USA

Do not close your old account until payments have started coming to your new account.

PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.*