

# DIRECT DEPOSIT SIGN-UP FORM (NETHERLANDS ANTILLES)

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

Please make any necessary changes in Section 1A and complete Section 2. Ask your bank to complete Section 3.  
Mail the completed form in the envelope provided.

<b>SECTION 1</b> (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.)	<b>SECTION 1A</b> (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	<b>ADDRESS CHANGE</b>

### SECTION 2

<b>PAYEE CERTIFICATION</b> 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.		<b>JOINT ACCOUNT HOLDER-S CERTIFICATION</b> 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: ___ My own account.    ___ A joint account.	

### SECTION 3 (Ask your bank to complete this section.)

This account **must** be in Netherlands Antilles Guilders.

NAME OF BANK*	
ADDRESS OF BANK*	
BANK PHONE NUMBER	

If your bank does not have a bank code or a branch code, please complete the account number only.

BANK CODE	BRANCH CODE	ACCOUNT NUMBER*
0		

BANK OFFICIAL'S NAME PLEASE PRINT	SIGNATURE OF BANK OFFICIAL
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**\*Bank name, bank address, and account number MUST BE COMPLETED!**

**MAIL COMPLETED FORM TO:**  
 International Treasury Services  
 Federal Reserve Bank of New York  
 E. Rutherford Oper. Ctr., 1st Floor  
 100 Orchard Street  
 East Rutherford, NJ 07073  
 USA