DIRECT DEPOSIT SIGN-UP FORM (SAINT LUCIA)

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.

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.)
	ADDRESS CHANGE
Social Security Claim Number Person Entitled to Payment	

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: _ My own account. _ A joint account.	

SECTION 3 (Ask your bank to complete this section.)
This account must be in Eastern Caribbean Dollars.

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

*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 Operations Center, 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 Eastern Caribbean dollar bank account in Saint Lucia.

IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. Social Security Administration because letters about your payments will still be mailed to your home address. If we cannot locate you, your payments may be stopped.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent to your financial institution and will usually be in your account the day 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 check cashing fee for the conversion of your U.S. dollars to Eastern Caribbean dollars. A few days before the payment date, your U.S. Social Security payment is automatically converted to Eastern Caribbean dollars at an exchange rate that is competitive with a rate offered by banks in Saint Lucia 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.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify one of the offices below.

International Treasury Services Federal Reserve Bank of New York East Rutherford Operations Ctr., 1st Floor 100 Orchard Street East Rutherford, NJ 07073	**OR**	Social Security Administration Office of International Operations PO Box 17769 Baltimore, MD 21235-7769

You may need to fill out a new sign-up form. **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.***