

Form 1199A Help Guide: Direct Deposit Sign-Up Form

Purpose of this Form: To sign up for direct deposit.

Directions:

1. To help prevent common mistakes that often lead to paperwork rejection, follow along with the **2 checkboxes below** as you complete your form.
2. All forms should be the current form from https://www.navyfederal.org/pdf/publications/Treasury_1199a.pdf
3. All signatures on this document must be made by hand. Print the form in order to sign.
4. After completing, deliver the form using one of the following options:
 - Paper mail Address to:
TSA HCAccess HCSC
6363 Walker Lane, Suite 400,
Alexandria, VA 22310
 - Email: helpdesk@hraccess-mailserver.tsa.dhs.gov
 - Fax: 1-877-872-7993

Section 1) Did you remember to fill out the following **mandatory** fields?

- Name of Payee (full legal name)
- Address
- City
- State
- Zip Code
- Telephone Number
- Name of Person(s) entitled to payment
- Type of Depositor Account
- Depositor Account Number

- Type of Payment

Did you remember to sign and date the Payee/Joint Payee Certification?

- Field G) If there is more than one allotment, please submit a separate form for the additional allotments.

Clear

Print

Standard Form 1199A (EG)
(Rev. August 2012)
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Department
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OMB No. 1510-0007

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.
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)

Form section containing fields A through G: NAME OF PAYEE, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER, AREA CODE, NAME OF PERSON(S) ENTITLED TO PAYMENT, CLAIM OR PAYROLL ID NUMBER, TYPE OF DEPOSITOR ACCOUNT, DEPOSITOR ACCOUNT NUMBER, TYPE OF PAYMENT, and THIS BOX FOR ALLOTMENT OF PAYMENT ONLY.

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

Form section containing fields for GOVERNMENT AGENCY NAME and GOVERNMENT AGENCY ADDRESS.

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

Form section containing fields for NAME AND ADDRESS OF FINANCIAL INSTITUTION, ROUTING NUMBER, CHECK DIGIT, DEPOSITOR ACCOUNT TITLE, and FINANCIAL INSTITUTION CERTIFICATION.

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.
NSN 7540-01-058-0224 GOVERNMENT AGENCY COPY 1199-207
Designed using Perform Pro, VHS/DIOR, Mar 97

Questions about this form?

Please contact the HCAccess Help Desk by phone at 1–877–872–7990, by fax at 1-877-872-7993, or by email at this [link](#). Live agents are available 7:00 a.m. to 10:00 p.m. Eastern Standard Time (EST) Monday through Friday, excluding Federal holidays, with additional hours for recruitment calls only from 11:00 a.m. to 3:00 p.m. EST Saturday and 12:00 p.m. to 4:00 p.m. EST Sunday.