

## INSTRUCTIONS FOR COMPLETING THE

### “DIRECT DEPOSIT SIGN-UP FORM”

**Do not change any pre-printed information on the form**

SECTION 1 information to complete:

- A. Your Name, Address and Telephone Number.
- B. Leave “B” blank.
- C. Write your Social Security Number in “C”.

Sign and date the form on the left under “PAYEE/JOINT PAYEE CERTIFICATION”.

**Take or send the original form to your payroll office.**

Make a copy of the form and mail it with your application to:

**Benefit Advisors Group, Inc.  
700 Pilgrim Parkway Ste.102  
Elm Grove, WI. 53122**

Any questions? Call toll-free 1-800-221-3083

Page 1 Instructions Only

Page 2 Direct Deposit Form  
(listed below)



# DIRECT DEPOSIT SIGN-UP FORM

## DIRECTIONS

\* To sign up for Direct Deposit, the payee is to fill in the information requested in Sections 1 and 2. Then take or mail the form to your payroll office.

\* The claim number and type of payment are printed on Government checks. This information is also stated on the beneficiary/annuitant award letters and other documents from the Government agency.

\* A separate form must be completed for each type of payment to be sent by Direct Deposit.

\* Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)
ADDRESS (street, route, P.O. Box, etc.)
CITY STATE ZIPCODE
TELEPHONE NUMBER AREA CODE
B NAME OF PERSON(S) ENTITLED TO PAYMENT
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix
<p style="text-align: center;"><b>PAYEE/JOINT PAYEE CERTIFICATION</b></p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form, I authorize my payment be sent to the financial institution named below to be deposited to the designated account.</p>
Signature <span style="float: right;">Date</span>

D TYPE OR DEPOSITOR ACCOUNT CHECKING SAVINGS <p style="text-align: center;">X</p>										
E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">7</td> </tr> </table>	7	0	0	3	3	3	0	7		
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<p>F TYPE OF PAYMENT (<i>Check only one</i>)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Social Security</td> <td><input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Inc</td> <td><input type="checkbox"/> Mil. Active _____</td> </tr> <tr> <td><input type="checkbox"/> Railroad Retirement</td> <td><input type="checkbox"/> Mil. Retired _____</td> </tr> <tr> <td><input type="checkbox"/> Civil Service Retire (OPM)</td> <td><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td><input type="checkbox"/> VA Compensation or Pension</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Social Security	<input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Inc	<input type="checkbox"/> Mil. Active _____	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retired _____	<input type="checkbox"/> Civil Service Retire (OPM)	<input type="checkbox"/> Mil. Survivor _____	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____
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### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION  VIRGINIA COMMERCE BANK  ARLINGTON, VA 22207	<table style="width: 100%;"> <tr> <td style="width: 80%;">ROUTING NUMBER</td> <td style="width: 20%;">CHECK DIGIT</td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">5</td> </tr> </table> </td> <td style="text-align: center;"> <table style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px;">3</td> </tr> </table> </td> </tr> </table>	ROUTING NUMBER	CHECK DIGIT	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">5</td> </tr> </table>	0	5	6	0	0	5	2	5	<table style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px;">3</td> </tr> </table>	3
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	DEPOSITOR ACCOUNT TITLE MASS BENEFITS CONSULTANTS, INC.													
<p style="text-align: center;"><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-name financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209 and 210.</p>														

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