Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS. US GOVERNMENT PRINTING OFFICE
WASHINGTON, DC 20402 STOCK NO. 048-000-00363-0

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

A NAME OF PAYEE *(last, first, middle initial)*: Sunshine Corporation

ADDRESS *(street, route, P.O. Box, APO/FPO)*: 123 Main Street, Suite 456

CITY: Arlington STATE: VA ZIP CODE: 21209

TELEPHONE NUMBER AREA CODE: 703-257-2395

B NAME OF PERSON(S) ENTITLED TO PAYMENT: Sunshine Corporation

C CLAIM OR PAYROLL ID NUMBER Prefix: 1234567899 Suffix: A1

D TYPE OF DEPOSITOR ACCOUNT: ☐ CHECKING ☒ SAVINGS

E DEPOSITOR ACCOUNT NUMBER: 307560-8033

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire
- ☐ Mil. Survivor
- ☒ Other Grant Award Non profit *(specify)* AF1

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE: AMOUNT:

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE: Judy M. Doe DATE: 3-19-07

SIGNATURE: DATE:

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE: DATE:

SIGNATURE: DATE:

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

GOVERNMENT AGENCY NAME: Division of Payment Management

GOVERNMENT AGENCY ADDRESS: P.O. Box 6021
Rockville, MD 20852

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

NAME AND ADDRESS OF FINANCIAL INSTITUTION:
Federal National American Bank
1000 Carter Street
Alexandria, VA 21207

ROUTING NUMBER: 1 1 5 5 - 2 7 3 4 CHECK DIGIT: 8

DEPOSITOR ACCOUNT TITLE:

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named 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.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
Alexander Bolton, Jr.	Alexander Bolton Jr.	703-809-4438	5/22/08

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.

This form was electronically produced by Elite Federal Forms, Inc.