

DIRECT DEPOSIT SIGN-UP FORM (FINLAND)

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

- Complete Section 1 and **“SIGN YOUR NAME.”**
- Ask your bank to complete Section 3.
- Mail completed form back to the address in Section 2

SECTION 1 (TO BE COMPLETED BY PAYEE)

Name and Complete Mailing Address:	- SOCIAL SECURITY CLAIM NUMBER -		
	Name of Person Entitled to the Benefits		
	THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)		
TELEPHONE NUMBER:	TYPE	AMOUNT	
<p style="text-align: center;">PAYEE CERTIFICATION</p> <p>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.</p>	<p style="text-align: center;">JOINT ACCOUNT HOLDER'S CERTIFICATION (optional)</p> <p>I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p>		
YOUR SIGNATURE	DATE	SIGNATURE	DATE
	This account is: <input type="checkbox"/> My own account <input type="checkbox"/> A joint account		

SECTION 2 (MAILING ADDRESS)

GOVERNMENT AGENCY NAME: SOCIAL SECURITY ADMINISTRATION	MAIL COMPLETED FORMS TO: U.S. EMBASSY FEDERAL BENEFITS UNIT DRAMMENSVEIEN 18 0244 OSLO 2 NORWAY
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SECTION 3 (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION) THIS ACCOUNT MUST BE IN MARKKAA

NAME OF BANK	BANK PHONE NUMBER													
ADDRESS OF BANK														
PRINT NAME OF BANK OFFICIAL	SIGNATURE OF BANK OFFICIAL													
Bank Registration Number (Bank Code/Account Number)														