

**INSTRUCTIONS FOR COMPLETING THE  
DIRECT DEPOSIT SIGN-UP FORM (SF-1199A)  
FOR NEW GRANT RECIPIENT**

**Section 1 (To be Completed by Payee)**

**Box No. : Instruction Details**

- A. Type of print your organization's name, address, and telephone number.**  
Forms containing white out or any alterations to the payee name are unacceptable.
- B. Type of print your organization's name or your grant agreement number.**  
Do not enter an individual's name in this block.  
Forms containing the name of an individual in this box are unacceptable.
- C. This is your organization's 12-digit Central Registry (CRS)/Entity Identification Number (EIN) or your organization's 9-digit Tax Identification Number (TIN).**  
The form cannot be processed without this information.
- D. Check type of Bank account "Checking" or "Savings".**
- E. Type the depositor account number at your Financial Institution to which the funds will be "Directly Deposited".**  
Do not use white out or make any alterations to the account number.
- F. Check the box "Other" and type the name of the awarding Federal agency, (DOL/ETA).**
- G. Leave blank.**

**Payee Account Holder's Certification: The individual(s) having signature authority for the bank account should sign and date.**

**Section 2 (To be Completed by Payee)** Already populated for you the awarding agency information:

Department of Labor – Employment and Training Administration  
200 Constitution Avenue, NW Rm. N-4702  
Washington, DC 20210

**Section 3 (To be Completed by Your Financial Institution)**

The bank's representative must sign the form and provide a telephone number for contact purposes. The Depositor Account Title must be filled in and should match the payee name in most cases. Maintain the payee(s) copy for your records.

Note: If "ALL" portions of this section are not completed, this will cause a delay in your organization being established in PMS.

**COMPLETED FORMS SHOULD BE SENT VIA OVERNIGHT MAIL TO:**

**HEIDI REN  
DEPARTMENT OF LABOR/ ETA  
OFAM/OFFICE OF ACCOUNTING  
200 CONSTITUTION AVENUE NW, ROOM N-4702  
WASHINGTON, DC 20210**

**INSTRUCTIONS FOR EXISTING GRANT RECIPIENTS  
WITH CHANGES TO BANKING OR CONTACT INFORMATION**

1. If your organization has a change in banking information, address change, etc., you must complete a new Direct Deposit Sign-Up Form (SF 1199A). The form can be obtained from your Financial Institution or from the Division of Payment Management Web Page ([www.dpm.psc.gov](http://www.dpm.psc.gov)) under the section Grant Recipient Info and then select forms.

Direct Link to SF-1199A: <http://www.fms.treas.gov/eft/1199a.pdf>

Once all sections have been completed, please mail the form to:

**Regular Mailing Address:**

U.S. Department of Health and Human Services  
Division of Payment Management  
Attn: Your DPM Accountant, Post Office Box 6021, Rockville, MD 20852

**Overnight Mailing Address:**

U.S. Department of Health and Human Services Division of Payment Management  
Attn: Your DPM Accountant, 7700 Wisconsin Avenue, Suite 10104, Bethesda, MD 20814

**Please include a cover letter stating your Payee Account Number (PAN) and the reason for the new form (bank change, address)**

2. For updating PMS access user, please complete the Payment Management System access form (including PMS access account number) and fax directly to the HHS at 301-492-4581.
3. A grantee will only have one account/PMS PIN# such as D1234B1. A grantee may have different bank information for different grant sub-accounts, such as HG12345W0 and PE12345G0. In this case, a grantee needs to submit a new direct deposit form which is the 1199A. For details, please contact:

Linda Porter  
Accountant, Governmental and Tribal Payment Branch  
Payment Management Services  
Program Support Center  
U.S Department of Health and Human Services  
7700 Wisconsin Ave., Suite 10120C  
Bethesda, MD 20857

Phone: (301) 492-5012  
Email: [Linda.Porter@psc.hhs.gov](mailto:Linda.Porter@psc.hhs.gov)



## BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

## PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

## INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury <sup>15-51</sup>/<sub>1000</sub>  
AUSTIN, TEXAS  
Check No. 0000 - 4157815  
Month Day Year  
08 31 84  
Pay to the order of  
29-693-775-00 C  
JOHN DOE  
123 BRISTOL STREET  
HAWKINS BRANCH, TX 76543  
28 28  
VA COMP  
DOLLARS CTS  
\$ \*\*\*\*100\*00  
NOT NEGOTIABLE  
@000000516: 041571926

## SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

## CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

## CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

## FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.