



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

Bank Direct Deposit Form

1. NAME OF BENEFICIARY (Last, First, Middle Initial)		2. SSN:	
3. Your Full Address:		4. Your Telephone Number () -	
5. WAGE EARNER SSN:	6. BENEFIT TYPE:		
7. Monthly Amount (in word)	8. Amt in Figures	9. Effective Date (MM/YY)	
10. Name of the Bank (Must be FDIC insured bank):			
11. Address of Bank:			
12. Bank Account Type:	Bank Account Number:	ABA Number (Routing #)	
REQUEST AND APPROVAL TO START DIRECT DEPOSIT		REQUEST AND APPROVAL TO DISCONTINUE DIRECT DEPOSIT	
I HEREBY request and authorize Social Security Administration to directly deposit my monthly benefit payment to my bank account as indicated above, and to continue until revoked by me in writing.		I HEREBY request and authorize discontinuance of previously authorized and approved bank direct deposit from my benefit payment indicated above.	
13. SIGNATURE, IN FULL	DATE	14. SIGNATURE, IN FULL	DATE
OFFICE USE ONLY:		COMMENTS:	
TOTAL BENEFIT AMOUNT: \$ _____			
APPROVED (SOCIAL SECURITY)	DATE	APPROVED (SOCIAL SECURITY)	DATE

IMPORTANT NOTICE
Please submit a copy of your voided check or a copy of your Bank statement with your bank account number on it, whichever is applicable for office reference.

- | Block No. | INSTRUCTIONS |
|-----------|---|
| 1. | Write your name, Last Name, First Name, and your middle initial |
| 2. | Write your Social Security Number |
| 3. | Write your present full address |
| 4. | Write your phone number including the area code |
| 5. | If you're a Surviving Spouse Beneficiary, print the Wage Earners SSN |
| 6. | Write type of benefit |
| 7. | Write the amount in word |
| 8. | Write the amount in figures |
| 9. | Write the month/year you want it started |
| 10. | Write the name of the bank |
| 11. | Write the address of the bank |
| 12. | Write your account type (<u>Savings/Checking</u>), <u>account number (012-3456)</u> & <u>ABA number (routing #)</u> |
| 13. | Please sign and date here if you are requesting to start direct deposit |
| 14. | Please sign and date here if you are requesting to cease direct deposit |