Social Security Administration

Form Approved
OMB No. 0960-0686

DIRECT DEPOSIT SIGN-UP FORM (France)

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 using 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
Telephone Number:	THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable) — Type / Amount
PAYEE CERTIFICATION 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.	**JOINT ACCOUNT HOLDER'S CERTIFICATION** (optional) I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
Your Signature / Date	Signature / Date
	This account is: ☐ My own account ☐ A joint account

SECTION 2 (MAILING ADDRESS)

GOVERNMENT AGENCY NAME:	MAIL COMPLETED FORMS TO:
SOCIAL SECURITY ADMINISTRATION	**Ambassade des Etats-Unis d'Amérique** **Federal Benefits Unit** **4, avenue Gabriel** **75382 Paris Cedex 08 - France**

SECTION 3 (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION)
THIS ACCOUNT MUST BE IN EURO

Name of Bank *(Nom de la banque)*	Bank Phone Number *(Numero de telephone de la banque)*
Address of Bank *(Adresse de la banque)*	
Print Name of Bank Official	Signature of Bank Official

Bank Code *(Code Banque)*	Branch Code *(Code Guichet)*	Account Number *(Numero de Compte)*