Social Security Administration

Form Approved
OMB No. 0960-0686

# DIRECT DEPOSIT SIGN-UP FORM (Cyprus)

## 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:

Telephone Number:

- SOCIAL SECURITY CLAIM NUMBER -

Name of Person Entitled to the Benefits

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.

Your Signature | Date

**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.

Signature | Date

This account is:

☐ My own account ☐ A joint account

**SECTION 2** (MAILING ADDRESS)

GOVERNMENT AGENCY NAME:

SOCIAL SECURITY ADMINISTRATION

MAIL COMPLETED FORMS TO:
Social Security Administration
Office of International Operations
PO Box 17769
Baltimore, MD 21235-7769
USA

**SECTION 3** (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION)
THIS ACCOUNT MUST BE IN CYPRUS POUNDS

Name of Bank | Bank Phone Number

Address of Bank

Print Name of Bank Official | Signature of Bank Official

BANK CODE | ACCOUNT NUMBER (INCLUDES BRANCH CODE)



View PDF Version