



ACCOUNT CLOSURE FORM

Date _____

Bank's Name _____

Address _____

City, State, Zip _____

TO WHOM IT MAY CONCERN:

PLEASE CLOSE MY ACCOUNT _____ (account number) AND SEND A

CHECK FOR THE REMAINING BALANCE TO THE ADDRESS BELOW.

IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST PLEASE CONTACT ME DURING THE

DAY / NIGHT (circle one) AT (_____) _____ (phone number).

SINCERELY,

Signature _____

Name _____
(please print)

Co-Signer Signature _____

Name _____
(please print)

Address _____

City, State, Zip _____



DIRECT DEPOSIT CHANGE FORM

Date _____

Company Name _____

Address _____

City, State, Zip _____

TO WHOM IT MAY CONCERN:

YOU ARE CURRENTLY DEPOSITING MY ENTIRE PAYCHECK / PARTIAL PAYCHECK (circle one)

TO THE FOLLOWING ACCOUNT:

Old Bank _____

Bank Routing Number _____

Account Number _____

PLEASE START MAKING THIS AUTOMATIC DEPOSIT INTO MY NEW ACCOUNT EFFECTIVE

_____ (date) AT

New Bank BANK OF BLUE VALLEY

Routing Number 101005027

Account Number _____

IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST PLEASE CONTACT ME DURING THE

DAY / NIGHT (circle one) AT (_____) _____ (phone number).

SINCERELY,

Signature _____

Name _____
(please print)

Address _____

City, State, Zip _____



AUTOMATIC PAYMENT CHANGE FORM

Date _____

Company Name _____

Address _____

City, State, Zip _____

TO WHOM IT MAY CONCERN:

YOU ARE CURRENTLY WITHDRAWING \$ _____ FROM THE FOLLOWING ACCOUNT:

Old Bank _____

Bank Routing Number _____

Account Number _____

PLEASE STOP MAKING WITHDRAWALS FROM THIS ACCOUNT ON _____ (date)

AND START MAKING WITHDRAWALS FROM MY ACCOUNT LISTED BELOW ON _____ (date)

New Bank BANK OF BLUE VALLEY

Routing Number 101005027

Account Number _____

IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST PLEASE CONTACT ME DURING THE

DAY / NIGHT (circle one) AT (_____) _____ (phone number).

SINCERELY,

Signature _____

Name _____
(please print)

Address _____

City, State, Zip _____

If an automatic payment was arranged using your old bank's debit card, please contact the company being paid to update the payment arrangements to your new Bank of Blue Valley debit card.

Please print or copy as many of this form as you may need.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, 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 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 15-51 000		Check No. 0000 415785						
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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 cancelled 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 a 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.