

# Request for Payment of Federal Benefits by Check

**FMS Form 1201W** (June 2013) Previous versions obsolete

Federal law (31 U.S.C. 3332 and 31 CFR 208) requires that all Federal benefit and other nontax payments be made electronically.

To receive your payments by check, you must explain how you qualify for a waiver by submitting this certified Request for Waiver to the U.S. Department of the Treasury.

- DIRECTIONS**
- Complete boxes A,B, C and D. In cases where a representative payee has been designated, the representative payee is the payment recipient who should sign the form.
  - Submit the completed original form to the Treasury's Electronic Payments Solutions Center at the address found at the bottom of this form. Incomplete forms cannot be processed.
  - If you were born on or before May 1, 1921, you do not need to complete this Request for Waiver to receive payments by check. You may sign up for direct deposit any time.

## A. FEDERAL PAYMENT RECIPIENT INFORMATION

First Name	Last Name	MI
_____		
Address: Street 1		
_____		
Address: Street 2		
_____		
City	State	Zip Code
_____	_____	_____
Social Security Number of Person Entitled to Government Benefits (Beneficiary)		Daytime Telephone Number
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		( ) _____ - _____
_____		
Email Address (optional)		
_____		

## B. WAIVER REQUEST

I am requesting a waiver. Receiving payments electronically will impose a hardship on me because (check one):

I am unable to manage an account at a financial institution or a Direct Express card account due to a mental impairment.

I am unable to manage an account at a financial institution or a Direct Express card because I live in a remote geographic location lacking the infrastructure to support electronic financial transactions.

## C. REQUEST FOR WAIVER SUPPORTING INFORMATION

Please write 1-2 sentences to explain why your mental impairment or remote geographic location makes you unable to receive payments electronically.

\_\_\_\_\_

\_\_\_\_\_

## D. CERTIFICATION

I certify that all of the statements in this Request for Waiver are true. I understand that any person who knowingly or willfully makes false or fraudulent statements or representations to the United States government in connection with this Request for Waiver may be subject to fines and/or imprisonment (18 U.S.C. §§ 1001).

SIGNATURE	DATE
_____	_____

**Be sure to complete all sections of this form. Otherwise, the form cannot be processed.**

**Return the completed form to:**  
**U.S. Treasury**  
**Electronic Payment Solution Center**  
**P.O. Box 650015**  
**Dallas, TX 75265-0015**

**PRIVACY ACT NOTICE:** Collection of the information in this Request for Waiver is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your request for a waiver. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your request for a waiver. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your request for waiver cannot be processed without it.