# DIRECT DEPOSIT SIGN-UP FORM (Egypt)

## 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**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
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**B.I.C. (OPTIONAL)**

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|---|---|
| | |

Name of Person Entitled to the Benefits

Telephone Number:

THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)

| Type | Amount |
|---|---|
| | |

**PAYEE CERTIFICATION**

I (beneficiary or representative payee) certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send this payment to the financial institution indicated in Section 3 and deposit it in the designated account. I understand that personal information in these payments is confidential, but I consent to disclosure of payment information 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 | Joint Account Holder's Signature | Date |
|---|---|---|---|
| | | | |

Are you the Representative Payee? ☐ Yes ☐ No

Beneficiary Date of Birth

This account is: ☐ My own account ☐ A joint account

**SECTION 2** (MAILING ADDRESS)

GOVERNMENT AGENCY NAME:

**SOCIAL SECURITY ADMINISTRATION**

MAIL COMPLETED FORMS TO:

Federal Benefits Unit
U.S. Consulate General
Piazza della Repubblica
80122 Naples
Italy

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

NAME OF BANK

BANK PHONE NUMBER

ADDRESS OF BANK

PRINT NAME OF BANK OFFICIAL

SIGNATURE OF BANK OFFICIAL

Type of Depositor Account ☐ Checking ☐ Savings

**Bank Code (Verify Code by Checking Listing)**

| | | | |
|---|---|---|---|
| | | | |

**Account Number**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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# IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your Egypt bank account.

## WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

You will receive your payment through the Egypt banking system and will usually be in your bank account shortly after the regular payment date. With direct deposit, you will have immediate access to your money. This is the safest way of receiving your benefits.

## INFORMATION ABOUT CURRENCY CONVERSION:

With direct deposit, your U.S. Social Security payment is automatically converted to Egyptian Pounds (if applicable) at the daily international exchange rate before being deposited to your account.

## **SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank and the Social Security Administration or the Federal Benefits Unit in your area. You must return to Social Security any payments deposited into a joint account after the death of a beneficiary.

## IF YOUR ADDRESS CHANGES:

If your address changes, you **must** inform the Federal Benefits Unit or the Social Security Administration. Your payments may stop if the Social Security Administration needs to contact you and cannot find your location.

## CHANGING BANKS OR BANK ACCOUNTS:

If you change your bank or your account, you must notify one of the following offices:

| | |
|---|---|
| Federal Benefits Unit<br>U.S. Consulate General<br>Piazza della Repubblica<br>80122 Naples<br>Italy | Social Security Administration<br>Office of Earnings and International Operations<br>Division Of International Operations<br>PO Box 17769<br>Baltimore, MD<br>21235-7769<br>USA |

You may need to fill out a new Direct Deposit sign-up form.

**Do not close your old account until payments have started coming to your new account.**

## Privacy Act Statement
## Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from receiving benefit payments through foreign financial institutions.

We will use the information you provide to process benefit payments with your financial institution. We may also share your information for the following purposes, called routine uses:

- To the Department of State and its agents for administering the Act in foreign countries through facilities and services of that agency; and
- To third party contacts where necessary to establish or verify information provided by representative payees or payee applicants.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784 and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information and a full listing of all our SORNs are available on our website at https://www.ssa.gov/privacy.

## Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at** www.socialsecurity.gov**. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to*: *SSA*, *6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***