

AUTHORIZATION FOR THE SOCIAL SECURITY ADMINISTRATION TO OBTAIN ACCOUNT RECORDS FROM FINANCIAL INSTITUTIONS

Individual whose Financial information will be obtained:		SOCIAL SECURITY NUMBER
Legal Representative if different from the Individual above:	Applicant/Recipient/Beneficiary if other than individual above:	

AUTHORIZATION

To be completed by the Individual whose financial information will be obtained, or the Legal Representative.

I understand:

- I have the right to revoke this authorization at any time;
- The Social Security Administration (SSA) may request all records about me from any financial institution;
- Any information obtained will be protected consistent with applicable Federal laws, regulations, and directives;
- Not all financial institutions provide records to SSA. If SSA does not receive records from my financial institution, I remain responsible for providing information.
- I have the right to obtain a copy of the record that the financial institution keeps about the instances when it has disclosed records to a government authority, unless the records were disclosed because of a court order; and
- This authorization is not required as a condition of doing business with any financial institution.

SSA may use my authorization to contact financial institutions for:

☐ Supplemental Security Income Eligibility

- SSA will request records to determine initial or continuing eligibility and the accuracy of payments for SSI benefits.
- If I am an SSI applicant or recipient, failing to provide or revoking my authorization will result in SSA determining, on that basis, that I am not eligible for SSI.
- If I am a person whose income and resources SSA considers as being available to an SSI applicant or recipient, failing to provide or revoking my authorization may result in SSA determining, on that basis, that the applicant or recipient is not eligible for SSI.
- This authorization is in effect until 1) a final adverse decision on my application for benefits and no other claims or appeals are pending; 2) my eligibility for payments, or the eligibility of the applicant or recipient, ends and no other claims or appeals are pending; 3) my income no longer counts towards the applicant or recipient; or 4) I revoke this authorization in writing and provide this revocation to SSA. SSA may continue to use information already obtained before my authorization was terminated and processed in SSA systems.

☐ Waiver Determination

- SSA will request records to determine the ability to repay an overpayment in conjunction with a waiver determination.
- Failing to provide or revoking my authorization may result in SSA determining, on that basis, that adjustment or recovery of the overpayment will not deprive me of funds to pay my bills for food, clothing, housing, medical care, or other necessary expenses.
- This authorization is in effect until 1) a final decision is made on whether adjustment or recovery of my overpayment would deprive me of funds to pay my bills for food, clothing, housing, medical care, or other necessary expenses; or 2) I revoke my authorization in writing and provide this revocation to SSA. SSA may continue to use information already obtained before my authorization was terminated and processed in SSA systems.

I authorize any custodian of records at any financial institution to disclose to the Social Security Administration (SSA) any records about my financial business or that of the person named above whom I legally represent or whose benefits I manage.

Signature/Authorization of Individual whose Financial Information will be Obtained (or Legal Representative):	Mailing Address:	Date:
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Your authorization does not ordinarily have to be witnessed. However, if you have signed using a mark, two witnesses to the signing who know you must sign below and their full addresses.

If needed, WITNESS 1 and 2: *I know the person signing this form or am satisfied of this person's identity:*

Witness 1 Signature:			Witness 2 Signature:		
Witness 1 Mailing Address:			Witness 2 Mailing Address:		
City:	State:	ZIP Code:	City:	State:	ZIP Code:

Privacy Act Statement

Collection and Use of Personal Information

Sections 204(b), 1631(b)(1) and 1631(e)(1) of the Social Security Act, as amended, allow us to collect this information, which we will use to verify eligibility for benefits or to assist us in waiving a Social Security overpayment. Providing this information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on benefit eligibility or from determining if the individual has the ability to repay an overpayment. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within Systems of Records Notices 60-0090, 60-0094, 60-0103, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

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 (OMB) control number. We estimate that it will take about 6 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***