Social Security Administration

Form Approved
OMB No. 0960-0686

DIRECT DEPOSIT SIGN-UP FORM (France)

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**	**B.I.C**
	Name of Person Entitled to the Benefits	
Telephone Number:	THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
	Type	Amount

PAYEE CERTIFICATION	**JOINT ACCOUNT HOLDER'S CERTIFICATION** (optional)
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.	I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
Your Signature / Date	Signature / Date
	This account is: ☐ My own account ☐ A joint account

SECTION 2 (MAILING ADDRESS)

GOVERNMENT AGENCY NAME:	MAIL COMPLETED FORMS TO:
SOCIAL SECURITY ADMINISTRATION	**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 EURO

Name of Bank *(Nom de la banque)*	Bank Phone Number *(Numero de telephone de la banque)*
Address of Bank *(Adresse de la banque)*	
Print Name of Bank Official	Signature of Bank Official

Bank Code *(Code Banque)*	Branch Code *(Code Guichet)*	Account Number *(Numero de Compte)*

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 the financial institution in your country.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

The banking system in the country where your account is located will process your benefit payment and should generally post to your account on the regular payment date. However, delays in direct deposit can occur when a payment date falls on a holiday in the country of the receiving bank. 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 (if applicable) to the currency of the country in which your account is in at a good exchange rate a few days before your payment date.

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 American Embassy or Consulate in your area. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security.

IF YOUR ADDRESS CHANGES:

If your address changes, you **must** inform the American Embassy or the Social Security Administration. If the Social Security Administration needs to contact you and cannot locate you, your payments may be stopped.

CHANGING BANKS OR BANK ACCOUNTS:

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

American Consulate Office of American Services Federal Benefits Unit 2 Rue St. Florentin 75382 Paris Cedex 08 France	Social Security Administration Office of International Operations PO Box 17769 Baltimore, MD 21235-7769 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.**

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.***