Social Security Administration

Form Approved
OMB No. 0960-0686

# DIRECT DEPOSIT SIGN-UP FORM (Brazil)

## 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 |
| Are you the Representative Payee? ☐ Yes ☐ No<br>Beneficiary Date of Birth | This account is: ☐ My own account ☐ A joint account |

**SECTION 2** (MAILING ADDRESS)

| GOVERNMENT AGENCY NAME: | **MAIL COMPLETED FORMS TO:** |
|---|---|
| **SOCIAL SECURITY ADMINISTRATION** | Federal Benefits Unit<br>American Embassy<br>Apartado postal 920 Pavas 10109 San Jose<br>Costa Rica |

**SECTION 3** (TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION)
**THIS ACCOUNT MUST BE IN BRAZILIAN REAL (BRL)**

| Name of Bank | Bank Phone Number |
|---|---|
| Address of Bank | |
| Print Name of Bank Official | Signature of Bank Official |

Type of Depositor Account ☐ Checking ☐ Savings

| Cadastro de Pessoas Fisicas | Bank Code | Branch Code | Last Twelve Digits of the IBAN |
|---|---|---|---|
| | | | |

# 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 Brazil bank account.

## WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

You will receive your payment through the **Brazil** 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 Brazilian Real (if applicable) at the daily international exchange rate before 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 American Embassy or Consulate 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 American Embassy 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:

| | |
|---|---|
| Social Security Administration<br>Office of Earnings and International Operations<br>PO Box 17769 Baltimore, MD<br>21235-7769<br>USA | Federal Benefits Unit<br>American Embassy<br>Apartado postal 920<br>Pavas 10109 San Jose<br>Costa Rica |

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.***

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

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to process Social Security benefit payments with your financial institution and/or its agent.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may affect the processing of this form and may delay or prevent the receipt of your benefit payments through the Direct Deposit/Electronic Funds Transfer Program.

We rarely use the information you supply for any purpose other than to process Social Security benefit payments with your financial institution and/or its agent. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,

4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Claims Folders Systems, 60-0089 and Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.