

WILL NEED TO ATTACH A VOIDED CHECK TO THIS FORM AND THE FORM DD 397.

DEATH GRATUITY PAYMENT FORM

Privacy Act Statement:

Authority: USC 5701,37 USC 404-427, EO 9397,31 USC 3322,32 CFR 209 and/or 210.

Principal Purpose(s): Used for payment of death gratuity. SSN is required for payment of benefits. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

Routine Use(s): To provide financial institution information for payment of benefits via electronic funds transfer.

Disclosure: Voluntary; however, failure to furnish information requested may delay or prevent the receipt of payments through the EFT/DDS programs.

Name of Beneficiary:

SSN:

clear letters and number please

FOR EFT/DDS payments please provide the following information:

Account Type

Checking

Savings

<-- CIRCLE ONE

Account Number

Name of Financial Institution

Financial institution's Routing Transit Number (RTN)

Note: RTN is available on the bottom of your checks or from your financial institution.

Signature

Date:

Need Copy of Blank Voided Check – Do Not Google the Routing Number

Inform Bank of incoming \$\$\$

The bank could block or freeze the account when large sums of money are deposited.