

INSTRUCTIONS FOR COMPLETING THE
“DIRECT DEPOSIT SIGN-UP FORM”

Do not change any pre-printed information on the form

SECTION 1 information to complete:

- A. Your Name, Address and Telephone Number.
- B. Leave “B” blank.
- C. Write your Social Security Number in “C”.

Sign and date the form on the left under “PAYEE/JOINT
PAYEE CERTIFICATION”.

Take or send the original form to your payroll office.

Make a copy of the form and mail it with your application to:

Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828

Any questions? Call toll-free 1-800-221-3083

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

* To sign up for Direct Deposit, the payee is to fill in the information requested in Sections 1 and 2. Then take or mail the form to your payroll office.

* A separate form must be completed for each type of payment to be sent by Direct Deposit.

* The claim number and type of payment are printed on Government checks. This information is also stated on the beneficiary/annuitant award letters and other documents from the Government agency.

* Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| | |
|--|--|
| A NAME OF PAYEE (last, first, middle initial) | D TYPE OR DEPOSITOR ACCOUNT CHECKING SAVINGS <p style="text-align: center;">X</p> |
| ADDRESS (street, route, P.O. Box, etc.) | E DEPOSITOR ACCOUNT NUMBER <p style="text-align: center;">7 0 0 3 3 2 9 3</p> |
| CITY STATE ZIPCODE | F TYPE OF PAYMENT (<i>Check only one</i>) <input type="checkbox"/> Social Security <input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Inc <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retired _____ <input type="checkbox"/> Civil Service Retire (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ |
| TELEPHONE NUMBER AREA CODE | |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT | |
| C CLAIM OR PAYROLL ID NUMBER Prefix Suffix | |
| <p style="text-align: center;">PAYEE/JOINT PAYEE CERTIFICATION</p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form, I authorize my payment be sent to the financial institution named below to be deposited to the designated account.</p> | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY TYPE CHECKING AMOUNT \$ |
| Signature _____ Date _____ | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|------------------------|---------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
| | |

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | |
|--|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION <p style="text-align: center;">VIRGINIA COMMERCE BANK ARLINGTON, VA 22207</p> | ROUTING NUMBER CHECK DIGIT <p style="text-align: center;">0 5 6 0 0 5 2 5 3</p> |
| | DEPOSITOR ACCOUNT TITLE <p style="text-align: center;">MASS BENEFITS CONSULTANTS, INC.</p> |
| <p style="text-align: center;">FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-name financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209 and 210.</p> | |
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