

QUICK START ENROLLMENT FORM FOR A NEW SOCIAL SECURITY DEPOSIT

This form to be used for individuals who are currently receiving their Federal benefits by check. If you are transferring your Social Security from another financial institution, you must call the Federal agency that pays your benefits.

*****RETURN THIS FORM BACK TO USA Credit Union*****

Date: _____

Information About You:

Name of Payee: (Last) _____ (First) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Social Security Number: _____

USA Credit Union Account Number: _____
DO NOT USE DASHES OR SPACES IN YOUR ACCOUNT NUMBER

Deposit Funds into: Savings Checking

Type of Benefits:

- | | |
|---|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Railroad Annuity Benefit | <input type="checkbox"/> Railroad Unemployment /
Sickness Benefit |
| <input type="checkbox"/> OPM Retirement Annuity | <input type="checkbox"/> OPM Survivor Annuity |

Signature: _____

For USA CU Use Only

Date entered Go Direct: _____ Initials: _____