

Dear Grantee:

This letter is in reference to your newly awarded grant/cooperative agreement with the National Aeronautics and Space Administration (NASA).

New Grant Recipients that do not have an account with the Department of Health and Human Services (DHHS) Payment Management System (PMS) *for the awarding NASA Center* are required to complete and return the SF-1199A Direct Deposit Sign-up Form and Contact Information Sheet.

The original SF-1199A form, ***with original signatures*** from the recipient and bank, must be returned to the address listed below. *Important - forms with whiteout will not be accepted.*

Once you have completed the enclosed forms, please return them to:

Regular Mail Only: Express Mail Only:

Regular Mail:

HHS/PSC/Division of Payment Management

P.O. Box 6021

Rockville, MD 20852

Express Mail:

HHS/PSC/Division of Payment
Management

7700 Wisconsin Ave., Suite 920

Bethesda, MD 20814

The process for completing the paperwork and establishing your account will take approximately 14 days from the time DHHS receives your completed documents. DHHS will send you system access instructions, an account "PIN" number and password. As soon as we receive notification from DHHS that your account "PIN" number has been established, we will deposit the authorized funds, based on the grant/cooperative agreement award, into your account.

If you have further questions or comments, please call the NSSC Customer Contact Center at **(877) 677-2123** or e-mail to nssc-contactcenter@nasa.gov.

Regards,

NASA Shared Services Center

**Instructions for Completion of the
DIRECT DEPOSIT SIGN-UP FORM (SF-1199A)**

(Please Read This Carefully)

OVERVIEW

What is the purpose of this form?

Grant Recipients must have established, active accounts in the Payment Management Services (PMS) in order to request authorized funds. The accounts are established in PMS once the completed SF-1199A and Payment Management Services Access forms have been received by Division of Payment Management (DPM). It is the responsibility of the Awarding Agency to provide the requisite Direct Deposit Sign-Up Form (SF-1199A) and DPM's Payment Management Services Access Form to the grantee for completion. It is also the Awarding Agency's responsibility to ensure the accuracy of the forms' information prior to forwarding them to DPM for processing.

Who must complete this form?

SF-1199A - Section 1 is to be completed by the grant recipient. Section 2 is to be completed by the Awarding Agency. Section 3 is to be completed by the recipient's financial institution.

Who must disseminate copies of this form?

The Awarding Agency should retain copies of the SF-1199A and Contact Information forms. The financial institution will retain its copy of the SF-1199A. Both originals must be mailed to the Awarding Agency.

What if some of the information changes (banking or contact information)?

The recipient must obtain and complete a new SF-1199A. Blank forms are available on the DPM Web site at <http://www.dpm.psc.gov> and should be available at the recipient's financial institution as well. Once all sections are completed, please include a cover memo stating that the accompanying SF-1199A form is being submitted to change account information in the Payment Management Services System. The memo should list all the Payee Account Numbers (PANS) that are affected. All information should be forwarded to your Awarding Agency.

Who must complete the DPM Payment Management Services Access Form?

The form must be completed and accompany the SF-1199A for "each" individual who wants to gain access to the Payment Management Services. Forms should also be submitted for personnel changes and/or account access deactivations.

ADDITIONAL INFORMATION

- The back of the SF-1199A must be read carefully before signatures are made.
- All information is to be typed or printed in ink on the SF-1199A.
- All signatures must be original and in ink.
- Alterations such as erasures, correction fluid and strike-outs are unacceptable and will invalidate the form.
- All data elements on the SF-1199A must be completed unless a blank is indicated.
- The SF-1199A cannot be faxed.
- The Payment Management Access Form must have signature in order to be valid

Section 1 (To be Completed by Payee)

A. TYPE OR PRINT YOUR ORGANIZATION'S NAME, ADDRESS AND TELEPHONE

NUMBER. Do not enter an individual's name in this block. Forms containing white out or any alterations to the payee name are unacceptable.

B. TYPE OR PRINT YOUR ORGANIZATION'S NAME.

C. Claim or Payroll ID Number: The form cannot be processed without this information. This is your organization's 12-digit Central Registry (CRS)/Employer Identification Number (EIN) or your organization's 9-digit Tax Identification Number (TIN).

D. Check type of Bank account "Checking" or "Savings".

E. TYPE THE ACCOUNT NUMBER at your Financial Institution to which the funds will be "Direct Deposited". Do not use white out or make any alterations to the account number.

F. Check the box "Other" and type the name of the awarding Federal agency.

G. Leave blank.

Payee Account Holder's Certification: The individual(s) having signature authority for the bank account should sign and date.

Other Required Information: At the Top Right Hand Corner, Please Type "Duns"
Followed By Your Organizations DUNS Number (Data Universal Numbering System)

Section 2 (To be completed by Payee)

Awarding Agency Information: NASA Shared Services Center (NSSC), Building 1111,
Jerry Hlass Rd., Stennis Space Center, MS 39529

Section 3 (To be completed by your Financial Institution)

The bank's representative must sign the form and provide a telephone number for
contact purposes.

The depositor account title must be filled in and should match the payee name in most
cases. Maintain the payee(s) copy for your records.

Note: If "ALL" portions of this section are not completed, this will cause a delay in your
organization being established in PMS.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- 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. (See the sample check on the back of this form.) This information is also stated on 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 to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>) _____ _____		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) _____ _____		E DEPOSITOR ACCOUNT NUMBER _____	
CITY _____ STATE _____ ZIP CODE _____		F TYPE OF PAYMENT (<i>Check only one</i>) Social Security _____ Fed Salary/Mil. Civilian Pay _____ Supplemental Security Income _____ Mil. Active _____ Railroad Retirement _____ Mil. Retire. _____ Civil Service Retirement (OPM) _____ Mil. Survivor _____ VA Compensation or Pension _____ Other _____ (specify) _____	
TELEPHONIC NUMBER _____ AREA CODE _____			
B NAME OF PERSON(S) ENTITLED TO PAYMENT _____		G TITLE BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER Prefix _____ Suffix _____		TYPE _____ AMOUNT _____	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____	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 _____		ROUTING NUMBER _____		CHECK DIGIT <input type="checkbox"/>
_____		_____		_____
_____		DEPOSITOR ACCOUNT TITLE _____		
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named 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.				
PRINT OR TYPE REPRESENTATIVE'S NAME _____	SIGNATURE OF REPRESENTATIVE _____	TELEPHONE NUMBER _____	DATE _____	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

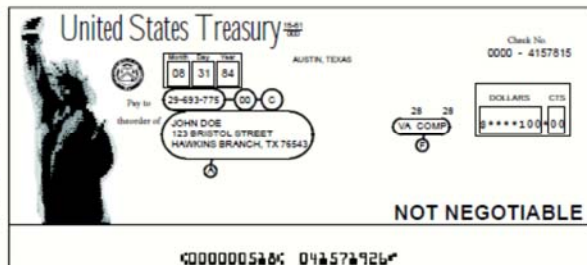
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. 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. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
7700 Wisconsin Ave 10th Floor
Bethesda, Maryland 20814

Payment Management System Access Form

This form must be completed in its entirety in order to be processed

Please print or type

Action(s) Requested: (check all that apply)

- Establish New User Access
Change Existing User Access: Current PMS Username
Update Existing User Contact Information: Current PMS Username
Deactivate User Access: Current PMS Username if not known, print or type first and last name of person to be deactivated and complete sections 1, 2 and 5 below

1. Name of Institution/Organization:

2. Payee Identification Number(s) (PIN) if not known, list EIN:

Is the action requested for all accounts associated with this PIN(s)? Yes No

3. Request to Establish/Change Access or Update Contact Information for:

Name (Please Print):

Title:

Telephone #:

E-Mail Address:

Mailing Address:

4. Type of access requested for user:

- Payment Requests and Inquiries
Inquiry Only
Federal Financial Report (FFR)

5. Supervisor's Approval of requested action (recipient organization authorized representative)

If you are the highest ranking person in your organization, please sign your own form.

Supervisor Name (Please Print):

Supervisor's Signature:

Supervisor's Title: Supervisor's Telephone Number:

IF THIS IS A NEW ACCOUNT, PLEASE MAIL THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM.

IF YOUR BANKING INFORMATION HAS BEEN ESTABLISHED IN THE PAYMENT MANAGEMENT SYSTEM, YOU MAY FAX THIS FORM TO 301-492-5096 or 301-492- 4581. PLEASE FAX ONLY ONE FORM AT A TIME.