DIRECT DEPOSIT/ SIGNUP FORM

CSOB IBAN number

C	Z			0	3	0	0														

4	2	0	0	0	0	0									

Ceska Sporitelna IBAN number

C	Z			0	8	0	0														

C															

A NAME OF PAYEE (last, first, middle initial)

ADDRESS (street, route, P.O. Box, APO/FPO)

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE 011.42.

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER (To be completed by bank)

(Omit shaded boxes from account number)

F TYPE OF PAYMENT (check only one)

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire
- ☐ Mil. Survivor
- ☐ Other:_____ (specfy)

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)

TYPE	AMOUNT
N/A	N/A

PAYEE/JOINT PAYEE CERTIFICATION

I certificate that I am entilled 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.

SIGNATURE	DATE
SIGNATURE N/A	DATE N/A

JOINT ACCOUNT HOLDERS` CERTIFICATION (optional)

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
N/A	N/A
SIGNATURE N/A	DATE N/A

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
CESKA SPORITELNA a.s. or CSOB a.s.
THROUGH THE BANK OF NEW YORK
6023 AIRPORT ROAD
ORISKANY, NY 13424
ATTN. ACH DEPARTMENT

ROUTING NUMBER: 0 2 1 0 0 0 0 1

CHECK DIGIT: 8

DEPOSIT ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identify of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, Icertify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT NAME AT BANK BRANCH	SIGNATURE OF BANK BRANCH	TELEPHONE NBR	DATE
NAME – BANK PENSION CONTROL OFFICE	SIGNATURE – BANK PENSION CONTROL	TELEPHONE NBR	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE LOCAL US EMBASSY FEDERAL BENEFITS UNIT