Standard Form 1199A (Rev. June 1987) Prescribed by Tressury Department Tressury Cept, Cr. 1076

ČSOB CONTROL OFFICE

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OMB No. 1510-0007

DERECT DEPOSIT SIGN-UP FORM

| | | DIRECTIONS | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|--|--|--|
| A NAME OF PAYEE (last, first, middle initia | 1) | D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS | | | | | | | | | | | |
| | ., | E DEPOSITOR ACCOUNT NUMBER (To be completed by bank) | | | | | | | | | | | |
| ADDRESS (street, route, P.O. Box, APO | FPO) | 4 2 0 0 0 0 0 (Omit shaded boxes from account number) | | | | | | | | | | | |
| TELEPHONE NUMBER AREA CODE 011.420. B NAME OF PERSON(S) ENTITLED TO PA | ZIP CODE | F TYPE OF PAYMENT (To be completed by the Embassy) □ 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) | | | | | | | | | | | |
| C CLAIM OR PAYROLL ID NUMBER | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (not applicable) | | | | | | | | | | | |
| Prefix | Suffix | TYPE NOT APPLICABLE NOT APPLICABLE | | | | | | | | | | | |
| PAYEE/JOINT PAYEE CERTI I certificate that I am entitled to the payment i have read and understood the back of this for authorize my payment to be sent to the financ to be deposited to the designated account. | dentified above, and that I orm. In signing this form I | JOINT ACCOUNT HOLDERS` CERTIFICATION (not an option) 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 NOT APPLICABLE NOT APPLICABLE | | | | | | | | | | | |
| SIGNATURE NOT APPLICABLE | DATE NOT APPLICABLE | SIGNATURE DATE NOT APPLICABLE NOT APPLICABLE | | | | | | | | | | | |
| S | ECTION 2 (TO BE CO | OMPLETED BY THE EMBASSY) | | | | | | | | | | | |
| GOVERNMENT AGENCY NAME | LCTION 2 (TO BE O | GOVERNMENT AGENCY ADDRESS | | | | | | | | | | | |
| | | LETED BY FINANCIAL INSTITUTION) | | | | | | | | | | | |
| NAME AND ADDRESS OF FINANCIAL INST Československá obchodní banka a.s. THROUGH THE BANK OF NEW YORK 6023 AIRPORT ROAD ORISKANY, NY 13424 ATTN. ACH DEPARTMENT | TUTION | ROUTING NUMBER O 2 1 0 0 0 1 8 DEPOSIT ACCOUNT TITLE | | | | | | | | | | | |
| | FINANCIAL INST | TITUTION CERTIFICATION | | | | | | | | | | | |
| | | ber and title. As representative of the above-named financial institution, Icertify that ed above in accordance with 31 CFR Parts 240, 209, and 210. | | | | | | | | | | | |
| PRINT BRANCH REPRESENTATIVE NAME | RE REPRESENTATIVE TELEPHONE NUMBER DATE | | | | | | | | | | | | |

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

TELEPHONE NUMBER

DATE

ČSOB SIGNATURE

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

NSN 7540-01-058-0224 1199-207