

## **DIRECT DEPOSIT SIGN-UP FORM**

### DIRECTIONS

[illegible]**SECTION 2 (TO BE COMPLETED BY THE EMBASSY)**

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

NAME AND ADDRESS OF FINANCIAL INSTITUTION <b>Československá obchodní banka a.s.</b> <b>THROUGH THE BANK OF NEW YORK</b> 6023 AIRPORT ROAD ORISKANY, NY 13424 ATTN: ACH DEPARTMENT	ROUTING NUMBER <div> <div>0</div> <div>2</div> <div>1</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>1</div> </div> DEPOSIT ACCOUNT TITLE	CHECK DIGIT <div>8</div>
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## 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 BRANCH REPRESENTATIVE NAME	BRANCH SIGNATURE REPRESENTATIVE	TELEPHONE NUMBER	DATE
CSOB CONTROL OFFICE	CSOB SIGNATURE	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.