

# FÒM ENSKRIPSYON POU DEPO DIRÈK (HAITI)

**MEN KI JAN POU CHAK MWA OU TOUCHE KOB SEKIRITE SOSYAL OU AK DEPO DIREK AN AYITI.**

- Ranpli Seksyon 1 ak "siyen non ou"
- Mande labank ou a ranpli Seksyon
- Voye ranpli fòm do lè l sèvi avèk adrès nan Seksyon 2

## SEKSYON 1 (pou te konplete benefisyè)

Non ak adrès postal Ranpli:	<b>Nimewo Reklamasyon Sekirite Sosyal</b>	<b>B.I.C. (OPTIONAL)</b>
	Non moun gen dwa a benefis yo	
Nimewo telefòn:	Bwat sa se pou Allotment POU PEYE sèlman (si sa aplikab)	
	TIP	KANTITE LAJAN

### PAYEE CERTIFICATION

I (beneficiary or representative payee) certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send this payment to the financial institution indicated in Section 3 and deposit it in the designated account. I understand that personal information in these payments is confidential, but I consent to disclosure of payment information compelled by law or necessary to protect against fraud or crime.

### Sètifikasyon moun ki gen kont ansanm

Mwen sètifye mwen li e mwen konprann sa ki make nan dèyè do fòm sa- a, ansanm ak AVI ESPESYAL POU MOUN KI GEN KONT ANSANM.

Siyati	Dat	Joint Account Holder's Siyati	Dat
Are you the Representative Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No	KONT SA A SE <input type="checkbox"/> KONT MWEN <input type="checkbox"/> KONT ANSANM		
Beneficiary Date of Birth			

## SEKSYON 2 (adrès postal)

GOUVÈNMAN NON AJANS: <b>SOCIAL SECURITY ADMINISTRATION</b>	LAPÒS RANPLI FÒMILÈ POU : Federal Benefits Unit U.S. Embassy Av. Republica de Colombia # 57 Santo Domingo Dominican Republic
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## SEKSYON 3 (pou te konplete enstitisyon finansye w la) THIS ACCOUNT MUST BE IN U.S. DOLLARS (USD)

NON BANK LA	NIMEWO TELEFON BANK LA	
ADRÈS BANK LA		
NON BANK OFISYEL	SIYATI OFISYE BANK LA	
Type of Depositor Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>BANK KÒD</b>	<b>BRANCH KÒD</b>	<b>NIMEWO KONT OU AN DOLA MERIKEN</b>

## ENFÒMASYON ENPÒTAN - (PRAN SAN NOU POU NOU LI LI BYEN)

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your Haitian bank account.

### WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

You will receive your payment through the Haitian banking system and will usually be in your bank account shortly after the regular payment date. With direct deposit, you will have immediate access to your money. This is the safest way of receiving your benefits.

### INFORMATION ABOUT CURRENCY CONVERSION:

With direct deposit, your U.S. Social Security payment is automatically converted to U.S. Dollars (if applicable) at the daily international exchange rate before being deposited to your account.

### **\*\*SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS\*\***

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank and the Social Security Administration or the Federal Benefits Unit in your area. You must return to Social Security any payments deposited into a joint account after the death of a beneficiary.

### IF YOUR ADDRESS CHANGES:

If your address changes, you **must** inform the Federal Benefits Unit or the Social Security Administration. Your payments may stop if the Social Security Administration needs to contact you and cannot find your location.

### SI W CHANJE BANK OSNON NIMEWO KONTANBANK OU

Si w chanje bank osnon nimewo kont ou, ou dwe voye nouvo enfomasyon yo nan youn nan adres sa yo.

Federal Benefits Unit  
U.S. Embassy  
Av. Republica de  
Colombia # 57  
Santo Domingo  
Dominican Republic

Social Security Administration  
Office of Earnings and International Operations  
Division Of International Operations  
PO Box 17769  
Baltimore, MD  
21235-7769  
USA

Lè sa-a biwo-a kapab mande w plen youn lòt fòm enskripsyon.

Li enpòtan anpil pou ou pa fèmen ansyen kont ou an anvan lajan-an kòmanse rive nan nouvo kont ou a.

**Privacy Act Statement**  
**Collection and Use of Personal Information**

Section 205(a) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from receiving benefit payments through foreign financial institutions.

We will use the information you provide to process benefit payments with your financial institution. We may also share your information for the following purposes, called routine uses:

- To the Department of State and its agents for administering the Act in foreign countries through facilities and services of that agency; and
- To third party contacts where necessary to establish or verify information provided by representative payees or payee applicants.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784 and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information and a full listing of all our SORNs are available on our website at <https://www.ssa.gov/privacy>.

**Paperwork Reduction Act Statement**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions.

**SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**