



Establishing Your Federal Funds Bank Account

Your HEA, Title IV federal aid funds will flow through a holding account that you establish at your local bank. We advise our clients to establish this account at the same bank in which the school has its operating account(s). This will facilitate ease of transferring funds between accounts.

When you open your federal aid account, it should be a standard business checking account. The title of the account should include your corporate name **and the words "Federal Funds Account"**. Please note that if your corporate name is different from the name of your institution, you should include the institution's name as DBA or at least an abbreviation of the school's name. There is no need to have checks printed since you will be transferring the funds through on-line banking in lieu of using paper checks. If the account will be subject to service charges, we suggest that you deposit an initial amount equal to at least 6 months of estimated charges. Bank fees are your responsibility and federal funds may not be used to cover such charges.

Please send the following items to us so that we can complete the setup of your account in our systems and with the GAPS / G5 office in Washington DC:

- **Direct Deposit Form** (#1199A) signed by a school official in Section 1 and completed and signed by a bank officer in Section 3. (A blank Direct Deposit Form is attached for your convenience)
- A signed statement on school letterhead that includes language displayed on the attached sample. For ease, simply copy the attached language on a sheet of **your letterhead** and include a school official's signature.

We will set up your account in our systems and forward the necessary papers to the Department of Education. It will take the department about a week to process your bank information once they receive the paperwork from us.

Required Statement on Your Letterhead

U.S. Department of Education
Financial Management Operations
400 Maryland Ave SW
Washington, DC 20202-4328

Dear USDE/G5 Official,

This statement shall serve as certification authorizing GEMCOR, Inc., our third-party servicer, to act as the institution's elected agent for G5 cash management and draw down functions. Donald Grybas, President of GEMCOR, Inc. will be the primary individual responsible for G5 activity for the institution.

Please process the bank information as included in the attached Direct Deposit Form. This bank account information is to be used for all award documents relating to this institution and is effective immediately.

Sincerely,

The above language must be placed on your official letterhead and signed by a school official for the department to process your bank account information.

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>) ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE	D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px;"></div> F TYPE OF PAYMENT (<i>Check only one</i>) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>				
B NAME OF PERSON(S) ENTITLED TO PAYMENT C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">TYPE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	TYPE	AMOUNT		
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	SIGNATURE				
DATE	DATE				
SIGNATURE	SIGNATURE				
DATE	DATE				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

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

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <div style="border: 1px solid black; width: 100%; height: 30px; margin: 5px;"></div> CHECK DIGIT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>		
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.



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE CHIEF FINANCIAL OFFICER

Guidelines for completing Form SF 1199A

Section 1 - To be Completed by Payee

ITEM A Name of payee	Enter the name and address of the payee's organization and also telephone number of person certifying the SF1199A
ITEM B Name of Person(s) Entitled to Payment	Enter the name of the person certifying the SFI199A.
ITEM C Claim or Payroll ID Number	Enter the following information <ul style="list-style-type: none">• Prefix: 12 digits UEI Number.• Suffix: 11 characters Grant Award Number (if no grant award number is available, CFDA can be used. e.g. P268Kfor Direct loan)
ITEM D Type of Depositor	Place an "X" in the Appropriate box.
ITEM E Depositor Account	Enter the payee's account number at the financial institution in which funds are to be deposited. Include blanks or dashes when entering the account number.
ITEM F Type of Payment	Enter "X" in the "Other" box.
ITEM G Box for Allotment of Payment Only	Leave Blank

Section 2 - To be Completed by Payee or Financial Institution

Government Agency Name	Enter: Department of Education Office of Financial Management
Government Agency Address	Enter: : 400 Maryland Avenue, SW Room 5B107 Washington, D.C. 20202

Section 3 - To be Completed by Financial Institution

Your financial institution will enter the name and address, routing number, depositor account title and complete the certification section of the form.