DIRECT DEPOSIT FAX TRANSMISSION

*****fax*****

FROM:
Tyndall Federal Credit Union
PO Box 59760
Panama City, FL 32412-0760

TO:
Social Security
30 W. Security
Panama City, FL 32401

RTN: 263183175

FAX# (850) 769-2935

A NAME OF PAYEE (last, first, middle initial)	**D** TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS
ADDRESS (street, route, PO Box, APO/FPO	**E** DEPOSITOR ACCOUNT NUMBER
CITY STATE ZIP	**F** TYPE OF PAYMENT (Check only one) 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)
TELEPHONE NUMBER AREA CODE	
B NAME OF PERSON(S) ENTITLED TO PAYMENT	
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	**G** THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION	**JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)**
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.	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
SIGNATURE DATE	SIGNATURE DATE

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