Banking Request and SF-1199A Instructions for GRRP Grant Awardees

Grantees must provide the Office of Recapitalization representative (assigned Grant and Loan Specialist) with the required documents for processing banking information in LOCCS. These documents are <u>the completed SF1199A form</u> and <u>bank account confirmation</u>. Bank account confirmation can be evidenced by

a. Voided check of the payee's bank account, or a deposit slip

OR

b. A letter from the payee's bank with appropriate banking information if no voided check

Completing the SF1199A

Link to the SF1199A: https://www.fiscal.treasury.gov/files/forms/form-1199a.pdf

For the GRRP program, banking is at the project or grant, or contract level, and the banking information will apply to the specific project under the UEI and TIN registered in sam.gov.

An example of a how to fill out the SF1199A follows. In box F, for Type of Payment, please use the box for "other" and enter the program name as "GRRP."

Please note that part of the form must be completed by the Financial Institution where the account is established.

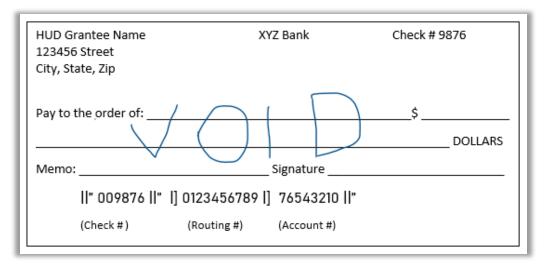
Please See Instructions on Following Pages

Example: SF1199A Level 3

Standard Form 1199A	Example					OMB No.	1530-000
(Rev. April 2021) Prescribed by Treasury Department						Contra Mo.	1200-000
Transury Dept. Co. 1076	RECT DEPOSI	I SIG	N-UP FORM				
		TIONS					
 To sign up for Direct Depusit, 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 			 The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This informatic is also stated on beneficiary/annuitant award letters and other documen from the Government agency. 				
identified below. A separate form must be completed for each by Direct Deposit.		rema	es must keep the Govern iges in order to receive im sin qualified for payments.	portant infor			
5	ECTION 1 (TO BE CO	_					
A NAME OF PAYEE (last, first, middle initial) HUD Grantee Name			D TYPE OF DEPOSITOR ACCOUNT				
		E DE	POSITOR ACCOUNT NU	MBER			
ADDRESS (street, route, P.O. Box, APO/FPO) 54321 Street			7 6 5 4 3 2 1 0				
CITY STATE	ZIP CODE	E TV	E OF PAYMENT (Check o	inty one)			
City ST		500	al Security	Fed.		Civilian Pay	
TELEPHONE NUMBER			plemental Security Income road Refirement		Active Rative		
AREA CODE 555-5555			Service Retrement (OPM)		Sunivor		
B NAME OF PERSON(S) ENTITLED TO PAY	MENT	VA	Compensation or Pension	Y Othe	Program	Name (i.e. 5 pacity)	INAP)
HUD Grantee Name or Project Name C CLAIM OR PAYROLL ID NUMBER			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (# autikable)				
TIN/EIN Program Name (i.e. SNAP) Pr	oject/ Award #	TY			AMOUN		
PAYEE/JOINT PAYEE CERTIN	FICATION	-	JOINT ACCOUNT P	OLDERS'	ERTIFIC	TION	
I certify that I am entitled to the payment identifi read and underslood the back of this form. In si my payment to be sent to the financial institution deposited to the designated account.	gning this form, I authorize		that I have read and unde ECIAL NOTICE TO JOINT				uding
SIGNATURE	DATE	SIGNATURE DAT				DATE	
John Grantee	MM/DD/YY						
SIONATURE	DATE	SIGNAT	URE			DATE	
SECTION 2 (TO	BE COMPLETED BY	DAVE		CTITUTIO			
GOVERNMENT AGENCY NAME	BE COMPLETED BI	_	MENT AGENCY ADDRESS		ny -		
U.S. Department of HUD		451 7th St. SW,					
			Washington, D.C. 20410				
	3 (TO BE COMPLETE	DBY		TION)			
NAME AND ADDRESS OF FINANCIAL INSTITUTION			ROUTING NUMBER				DIGIT
XYZ Bank 1234 Street							9
City, ST, Zip			0 1 2 3		5 0	1	,
cuy, 51, cup			DEPOSITOR ACCOUNT TO HUD Grantee Name	TLE			
	FINANCIAL INSTITU	TION CE	RTIFICATION				
I confirm the identity of the above-named payer certify that the financial institution agrees to rec	(s) and the account numbe	r and title	As representative of the				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRE	SENTATIV	E TEL	LEPHONE NU	MBER	DATE	_
Sally Banker	Sally Banker			555-555			DD/YY
		CREEN	BOOK for further instructions.		9-2222	MM/	DD(YY

Example: Voided check or deposit slip of the payee's bank account

The voided check must be a check of the same account information included on the SF1199A form.



Example: A letter from the payee's bank with appropriate banking information

If a voided check is not included in the documentation, a letter from the bank/ financial institution of the payee may be provided. The letter information must match the information as provided on the SF1199A form.

