

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 the completed SF1199A form and bank account confirmation.

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: Level 3

Standard Form 1199A
(Rev. April 2021)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1530-0006

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 (last, first, middle initial) HUD Grantee Name		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO) 54321 Street		E DEPOSITOR ACCOUNT NUMBER 7 6 5 4 3 2 1 0	
CITY STATE ZIP CODE City ST Zip	F TYPE OF PAYMENT (Check only one)		
TELEPHONE NUMBER AREA CODE 555-555-5555	<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/ML Civilian Pay	
B NAME OF PERSON(S) ENTITLED TO PAYMENT HUD Grantee Name or Project Name	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> MI Active	
C CLAIM OR PAYROLL ID NUMBER TIN/EIN Program Name (i.e. SNAP) Project/ Award # Prefix Suffix	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> MI Retiree	
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.	<input type="checkbox"/> Civil Service Retirement (CSRS)	<input type="checkbox"/> MI Survivor	
	<input type="checkbox"/> VA Compensation or Pension	<input checked="" type="checkbox"/> Other Program Name (i.e. SNAP) (specify)	
	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)		
	TYPE	AMOUNT	
	JOINT ACCOUNT HOLDERS' CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE DATE John Grantee MM/DD/YY	SIGNATURE DATE	SIGNATURE DATE	SIGNATURE DATE

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

GOVERNMENT AGENCY NAME U.S. Department of HUD	GOVERNMENT AGENCY ADDRESS 451 7th St. SW, Washington, D.C. 20410
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION XYZ Bank 1234 Street City, ST, Zip	ROUTING NUMBER 0 1 2 3 4 5 6 7 9	CHECK DIGIT
	DEPOSITOR ACCOUNT TITLE HUD Grantee Name	
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, 208, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME Sally Banker	SIGNATURE OF REPRESENTATIVE Sally Banker	TELEPHONE NUMBER 555-555-5555
		DATE MM/DD/YY

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.

GOVERNMENT AGENCY COPY

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.

HUD Grantee Name 123456 Street City, State, Zip	XYZ Bank	Check # 9876
Pay to the order of:	VOID	\$ _____
Memo: _____	Signature _____	_____ DOLLARS
" 009876 "] 0123456789] 76543210 "		
(Check #)	(Routing #)	(Account #)

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.

XYZ Bank 123456 Street City, State, Zip
7-1-2022
HUD Grantee Name Attn: HUD Grantee Representative First name and last name 654321 Street Address City, State, Zip
This letter is to confirm that [HUD Grantee Name] has a checking account with XYZ Bank.
Routing Number: XXXXXXXXXXXX
Account Number: XXXXXXXXXXXX
Sincerely,
<i>Signature of Bank Representative</i>
Banking Representative Name Title XYZ Bank