

Instructions on Completing the SF-1199A Form

Section 1 Form 1199A

To be completed by the Payee:

- (A) Name of Payee - Type or Print your Organization's Name, Address, and Telephone Number. Do not enter an individual's name in this block. Name of Payee must match the name registered by the awarding agency in PMS. Forms containing white out or any alterations to the payee name are unacceptable.
- (B) Name of Persons Entitled to Payment - Leave it blank.
- (C) Claim or Payroll ID Number -This is your organization's 12 digit Entity Identification Number (EIN) or your organization's 9-digit Tax Identification Number (TIN) or Social Security Number (SSN). For HHS Grant Recipients, this number is also found on your Notice of Grant Award (NGA) issued by the awarding agency. If you are an international organization and do not have a TIN/EIN leave this field blank.
- (D) Type of Depositor Account - Check type of Bank account either 'Checking' or 'Savings'.
- (E) Depositor Account Number - Type the Account Number of your account at the Financial Institution to which the funds will be 'Direct Deposited'. Do not use white out or make any alterations to the account number.
- (F) Type of Payment - Check the box 'Other' and type the name of the awarding federal agency.
- (G) Type/Amount - Leave it blank.
- Payee/Joint Payee Certification -The individual(s) having signature authority for the bank account must sign and date. The signature must be an original signature using pen/ink. Typed signatures are not acceptable.

Section 2 Form 1199A

To be completed by Payee:

- Government Agency Name – Payment Management Services
- Government Agency Address –
 - US. Department of Health and Human Services
 - 5600 Fishers Lane
 - Rockville, Maryland 20852

Form 1199A Section 3

To be completed by the Financial Institution:

- Name and Address of Financial Institution - Provide the name and address of the Bank.
- Routing Number - Provide the Financial Institutions Routing Number
- Depositor Account Title -The depositor account title must be filled in and match the Name of Payee in Section A.
- Financial Institution Certification - The bank's representative must sign the form and provide a telephone number for contact purposes. The signature must be an original signature using pen/ink. Typed signatures are not acceptable.

Note: If 'ALL' portions of this section are not completed, this will cause a delay in your organization's banking being established in PMS. Your organization should maintain a copy of the form for its records.