

TreasuryDirect® Account Authorization



IMPORTANT: Follow instructions in filling out this form. Making any false, fictitious, or fraudulent claim or statement to the United States is a crime and may be prosecuted. Print in ink or type all information.

INSTRUCTIONS

1. Sign in ink in the presence of a certifying officer. Identification may be required.
2. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. Certification by a notary isn't acceptable.
3. Mail the completed authorization form to: Treasury Retail Securities Services, PO Box 7015, Minneapolis, MN 55480-7015.

AUTHORIZATION

I submit this account authorization pursuant to the provisions of 31 CFR Part 363. I understand that my TreasuryDirect account will be activated upon receipt and approval of this authorization. Under penalty of perjury, I certify the information provided is true, correct and complete.

_____		(TreasuryDirect Account Number)
(Print Name)	(Social Security Number - REQUIRED)	
Home Address _____		(Daytime Telephone Number)
(Number and Street or Rural Route)		
(City)	(State)	(ZIP Code)
		(E-mail Address)

Check to remove Hardlock

Instructions to Certifying Officer: 1. Name(s) of the person(s) who appeared and date of appearance **MUST** be completed. 2. Original signature is required if a Medallion stamp is used. 3. Person(s) must sign in your presence.

I CERTIFY that _____, whose identity(ies)
(Names of Persons Who Appeared)

is/are known or proven to me, personally appeared before me this _____ day of _____
(Month) (Year)

at _____ and signed this form.
(City, State)

(Signature and Title of Certifying Officer)

(Name of Financial Institution)

(Address)

(City, State, ZIP code)

(Telephone)

(OFFICIAL STAMP OR SEAL)

SEE PAGE 2 FOR TYPES OF ACCEPTABLE CERTIFICATIONS

Acceptable seals and stamps:

- The financial institution’s official seal or stamp, including: Signature Guaranteed seal or stamp; Endorsement Guaranteed seal or stamp; Corporate seal or stamp (a corporate resolution isn’t required); or Issuing or paying agent seal or stamp (including name, location, and four-digit identification number or nine-digit routing number).
- The seal or stamp of Treasury-recognized Signature Guarantee Programs or other Treasury-approved Medallion Programs.

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature

XXXXXXXX

SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

[Bar Code]

The following are NOT acceptable forms of certification for this document:

- Notary Certification
- Bank Address stamp
- Signature Validation stamp

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Fiscal Service and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information, the Fiscal Service may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 5 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the correct address shown in the INSTRUCTIONS above.**