

DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
SOCIAL SECURITY ADMINISTRATION

## STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT <b>Claimant Twelve</b>	SOCIAL SECURITY NUMBER <b>000-00-0012</b>
NAME OF PERSON MAKING STATEMENT <i>(If other than above wage earner, self-employed person, or SSI claimant)</i>	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that- \_\_\_\_\_

### DIRECT DEPOSIT INFORMATION

If you are awarded benefits, to what bank shall we forward your Social Security checks?

**BANK NAME :** bank one

**BANK ADDRESS :** \_\_\_\_\_

What type of account?  **Checking**  **Savings**

What is your complete account number? \_\_\_\_\_

What is your complete routing number? \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FROM BANK ONE HERE**

**(A deposit ticket cannot be used in lieu of a voided check.)**

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law and/or State law. I affirm that all information I have given in this document is true.

**SIGNATURE OF PERSON MAKING STATEMENT**

Signature *(First name, middle initial, last name) (Write in ink)*

Date *(Month, day, year)*

**SIGN  
HERE** 

Telephone Number  
**(012) 012-1212**

Mailing Address *(Number and street, Apt. No., P.O. Box, Rural Route)*

**XXX X**

City and State

ZIP Code

**BELLEVILLE IL**

**62223**

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address *(Number and street, City, State, and ZIP Code)*

Address *(Number and street, City, State, and ZIP Code)*