

Attachment 4

ELECTION REGARDING METHOD OF PAYMENT FOR UNPAID COMPENSATION

**>>>Provide this form if the Payroll Office has the capability to offer Direct Deposit<<<
(To be completed by each person making a claim and attached to SF 1153)**

Name of Claimant: _____

Name of Deceased _____ SSN of Deceased _____

Attached is an SF 1153. Claim for Compensation of a Deceased Civilian Employee. I would like these benefits paid to me as indicated below (select only one option).

I would like my unpaid compensation benefits, including any payment for lump sum annual leave, sent by direct deposit to the following financial institution. I understand that if the deceased employee is still listed as an owner of the account, the check may be returned to the agency which will delay my receipt of benefits.

Name of Financial Institution	
Financial Routing Number (should be 9 digits)	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number	

I would like my unpaid compensation benefits, including any payment for lump sum annual leave, paid by check. Please mail the check to me at the following address:

Street Address/ Post Office Box	
City	
State	
Zip Code	

Signature of Claimant

Date

Telephone Number w/Area Code